Office of Enforcement and Removal Operations

U.S. Department of Homeland Security 500 12<sup>th</sup> Street, SW Washington, DC 20536



# U.S. Immigration and Customs Enforcement

MEMORANDUM FOR: Fe

Felicia Skinner Field Office Director

Atlanta Field Office

FROM:

(b)(6), (b)(7)(c)

Assistant Director for Custody Management

SUBJECT: North Georgia Detention Center- Annual Review 2012

The annual review of the North Georgia Detention Center conducted on July 10-12, 2012, in Atlanta, Georgia has been received. A final rating of <u>Meets Standards</u> has been assigned and this review is closed.

The rating was based on the Lead Compliance Inspector (LCI) Summary Memorandum and supporting documentation. The Field Office Director must initiate the following actions in accordance with the Detention Management Control Program (DMCP):

 The Field Office Director, Enforcement and Removal Operations, shall notify the facility <u>within</u> five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

Should vou or vour staff have any questions regarding this matter, please contact (b)(6), (b)(7)(c) Deputy Assistant Director, Custody Management Division at (202) 73(B)(6), (b)(7)(c)

cc: Official File

## **Department of Homeland Security**

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

**Condition of Confinement Inspection Worksheet** (This document must be attached to each G-324A Detention Review Form) **This Form is to be used for Inspections of Facilities used over 72 Hours** 



# Performance-Based National Detention Standards Inspection Worksheet for Over 72 Hour Facilities

## **REVIEW TEAM USE:** (Edits Permitted, ALL FIELDS REQUIRED)

Facilty Information							
Facility Name: North Georgia Detention Center					Pre-Occupancy:		
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)						(CDF)	
Address: 622							
City: Gainesville			6,	tate: GA			Zip Code: 30501
County: Hall							
CEO Name (b)(6), (b)(7)(c) CEO Title: Warden					Warden		
Review Information (U	se follo	wing format for dates: mi	m/dd/yyyy)				
Start Date: 7/10/2012     End Date: 7/12/2012     Review Type: Headquarters				leadquarters			
Lead Name (b)(6), (b)(7)(c) Lead Title: LCI					: LCI		
Review Document Issue Summary (See Document Check Section to Review/Update)							
Error(s) Found:	0		Items N	ot Rated:		0	

#### ICE HQ USE ONLY: (DO NOT EDIT\*)

Form Name: G324A_PBNDS	Form Key: 3		Form Date: 6/19/2012		
Form Type: PBNDS		Form Review Type: Annual		Form Over/Under 72 Status: 072	
All Editor are maniped, context ICE U.O. for an undetext form					

\*If Edits are required, contact ICE HQ for an updated form.

# Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

# What is "Performance-Based"?

Unlike "policy and procedures" that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each National Detention Standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the National Detention Standards (NDS) represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the Detention Standard.

Outcome Measures (*key indicators*) are identifiers used to verify whether a facility is accomplishing the goals, of the outcomes expected.

The original 38 NDS have been revised into 41 performance-based standards. During the development four new standards were added to include: News Media, Searches of Detainees, Sexual Abuse and Assault Prevention and Intervention and Staff Training. The two standards on Special Management Units were condensed into one standard. The new performance-based standards have incorporated American Correctional Association (ACA) Adult Local Detention Facility standards, which are the industry benchmark.

## Worksheet Overview

There are two sets of Detention Review Worksheets that are used to assess facility compliance with the National Detention Standards (NDS). Both sets of these worksheets are derived from the policy and procedures set forth in the NDS. The G324A is for use with facilities that house detainees for over 72 hours, while the G324B is for use with facilities that house detainees for less than 72 hours.

The G324B is for use with facilities that house detainees less than 72 hours and does not contain the same amount of requirements as the G324A in the following NDS: Correspondence and Other Mail, Escorted Trips for Non-Medical Emergencies, Law Libraries and Legal Material, Legal Rights Group Presentations, Marriage Requests, Recreation, and Voluntary Work Program. These standards were not included in the prior version of the G324B, due to the short term nature of detention in facilities that are used for 72 hours or less. These sections are now included in the G324B but only to the extent that facilities seek applicability and are not mandated by ICE. For example, voluntary work programs are not required, but if detainees work, compliance with the NDS is required.

Mandatory components in several of the standards have been indicated in the worksheets. Mandatory items are those which must be met in order for the facility to receive a "*Meets Standards*" rating for that standard. These mandatory components typically represent life safety issues. A "*Does Not Meet Standards*" on one of these components is very serious. Failing to meet one of the mandatory components means that the overall facility review rating will be "*Does Not Meet Standards*".

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a *key indicators* database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

## **Worksheet Completion**

Reviewers are required to complete each item within each section of the G324A and G324B Detention Review Worksheets. Worksheets are in a uniform format with 5 columns with NDS purpose and scope cited at the top of the worksheet. Column 1 contains the NDS standard assessment component. Columns 2-4 are provided for the ratings assigned to each component that is assessed. While there is a column titled N/A or not applicable, the N/A rating should be used rarely and only when applicable. The remarks section is provided for reviewers to include details on each rating that may raise a question such as "Does Not Meet Standard" or "N/A".

A Remarks section is also provided at the end of the outcome measures section for summary comments and analysis of outcome measures data. The information included in the worksheet components remarks sections and in the final summary remarks section should be considered for inclusion in the reviewer report that summarizes the overall facility review process.

# **Outcome Measures Completion**

The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team. Ideally, this information will be maintained on a continuous basis by the facility as part of a *key indicators* database to provide a perpetual record for monitoring facility performance. Data should be verified as accurate by the facility before including it in the database. Outcome measure data is intended to assess facility issues related to the NDS, so care should be taken to focus on ICE related issues. For example when computing the average daily population (ADP), assess and provide information on the ICE population.

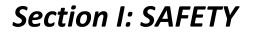
The RIC will review facility outcome measures data and provide analysis of the data to describe facility performance and trends. In a few instances outcome measures are not provided for some the NDS because after careful consideration of the standard the assessment process has been determined to be more process oriented in nature.

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Emergency Plans Environmental Health and Safety Transportation (By Land)

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	PART 1 – 1. EMERGENCY PLANS (Key: A)					
	This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
	Components	Rating	Remarks (1000 Char Max)			
1.	No Detainee or detainee groups exercise control or authority over other detainees.	Meets Standard	The Detainee Handbook and facility policy both state that no detainee or detainee groups are to exercise control or authority over other detainees.			
2.	Detainees are protected from:					
	Personal abuse					
	Corporal punishment					
	Personal injury	Meets Standard				
	• Disease					
	Property damage					
	Harassment from other detainees					
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?	Meets Standard	Staff are trained to identify signs of detainee unrest during pre- service training and during annual in-service training.			
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	Meets Standard				
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	Meets Standard	The Chief of Security is designated the responsibility for emergency plans and their implementation. The Chief of Security has ample time for development and implementation of the plans.			
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	Meets Standard				
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	Meets Standard	All staff are provided training on all emergency plans during pre- service training and during annual in-service training.			
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	Meets Standard				
9.	<ul> <li>The plans address the following issues:</li> <li>Confidentiality</li> <li>Accountability (copies and storage locations)</li> <li>Annual review procedures and schedule</li> <li>Revisions</li> </ul>	Meets Standard				

PART 1 – 1. EMERGENCY PLANS (Key: A)					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Rating	Remarks (1000 Char Max)			
<ol> <li>Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.</li> </ol>	Meets Standard	The facility's emergency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for dealing with detainees with special needs.			
<ol> <li>Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.</li> </ol>	Meets Standard	Contingency plans have a requirement to notify neighbors in close proximity to the facility.			
<ul> <li>12. The facility has cooperative contingency plans with applicable:</li> <li>Local law enforcement agencies</li> <li>State agencies</li> <li>Federal agencies</li> </ul>	Meets Standard	The facility has several Memoranda of Understanding with the local fire department, police department, emergency medical services and the Sheriff's Department.			
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	Meets Standard	The facility does conduct mock emergency exercises with various agencies with which it has Memoranda of Understanding.			
14. All staff receive copies of the Facility Hostage policy and procedures.	Meets Standard	All newly hired staff receive a copy of the Facility Hostage emergency plan.			
15. Staff are trained to (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	Meets Standard	Staff are trained to (b)(7)e (b)(7)e Facility policy requires hostages to be screened for medical and psychological effects within 24 hours of release.			
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	Meets Standard	The facility has a number of staff identified to provide translator services and an agreement with Language Line to provide translator services in the event one is needed during a hostage crisis.			
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Facility emergency plans include emergency medical treatment for staff and detainees during and after an incident.			

PART 1 – 1. EMERGENCY PLANS (Key: A)				
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.				
Components	Rating	Remarks (1000 Char Max)		
<ol> <li>The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.</li> </ol>	Meets Standard	The Food Service Department maintains at least a three-day supply of food for staff and detainees.		
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	Meets Standard	The emergency plans include illustrations of locations of shut- off valves and utility switches to include photographs of the valves and switches.		
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	Meets Standard			
<ul> <li>21. (MANDATORY) Written procedures cover:</li> <li>Work/Food Strike</li> <li>Fire</li> <li>Environmental Hazard</li> <li>Detainee Transportation System Emergency</li> <li>ICE-wide Lockdown</li> <li>Staff Work Stoppage</li> <li>Disturbances</li> <li>Escapes</li> <li>Bomb Threats</li> <li>Adverse Weather</li> <li>Internal Searches</li> <li>Facility Evacuation</li> <li>Detainee Transportation System Plan</li> <li>Hostages (Internal)</li> <li>Civil Disturbances</li> </ul>	Meets Standard	The facility does have written emergency plans for all the required contingencies listed in this component and standard.		
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	Meets Standard			

#### PART 1 – 1. EMERGENCY PLANS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

The inspector reviewed the emergency plans, facility policy, and training files in review of this standard. The inspector also interviewed the Chief of Security and Training Manager in review of this standard.

The facility has in place a comprehensive set of contingency plans that ensure a safe environment for detainees and staff. The plans equip staff to be able to quickly and effectively respond to any emergency situation that may arise and to minimize its severity.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

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## PART 1 – 1. EMERGENCY PLANS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Reviewer Signature (for printed form submission):** 

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PART 1 – 2. ENVIRONMENTA					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Rating	Remarks (1000 Char Max)			
<ol> <li>(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.</li> </ol>	Meets Standard	Facility policy and procedure establishes a guide for the storing, issuing and maintaining inventories of hazardous materials.			
<ol> <li>Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.</li> </ol>	Meets Standard	Physical review of hazardous material inventories revealed they were maintained, easy to understand and quantities correct.			
<ul> <li>3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.</li> <li>The files list all storage areas, and include a plant diagram and legend.</li> <li>The MSDSs and other information in the files are available to personnel managing the facility's safety program.</li> </ul>	Meets Standard	The facility maintains master copies of Material Safety Data Sheets (MSDS) in the Safety Office and Medical Department. Each contains plant diagrams and legends.			
<ul> <li>4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures:</li> <li>Wear personal protective equipment.</li> <li>Report hazards and spills to the designated official.</li> </ul>	Meets Standard	The facility maintains personal protective equipment for use on hazardous materials. Hazards and spills are reported to the facility Safety Manager.			
<ol> <li>The MSDS are readily accessible to staff and detainees in the work areas.</li> </ol>	Meets Standard	The facility maintains copies of MSDS in each work and housing area; they are readily accessible.			
<ul> <li>6. Hazardous materials are always issued under proper supervision.</li> <li>Quantities are limited.</li> <li>Detainees are trained.</li> <li>Staff always supervise detainees using these substances.</li> </ul>	Meets Standard				
<ol> <li>All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.</li> </ol>	Meets Standard	The facility maintains all flammable and combustible materials outside the secure perimeter of the facility.			
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	Meets Standard				
9. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard				
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard				

PART 1 – 2. ENVIRONMENTA This Detention Standard protects detainees, staff, volunteers, a facility standards of cleanliness and sanitation, safe work practi	ind contractors from injur	y and illness by maintaining high
Components	Rating	Remarks (1000 Char Max)
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.	Meets Standard	The facility maintains products containing methyl alcohol outside the secure perimeter of the facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	Meets Standard	
13. <b>(MANDATORY)</b> The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	Meets Standard	The facility was constructed to meet all applicable codes when designed. A review of the Gainesville Fire Department Inspection Report indicated the facility is maintained within applicable codes. The last inspection was conducted January 19, 2012.
14. A technically qualified staff member conducts fire and safety inspections.	Meets Standard	The Gainesville Fire Department conducts annual fire inspections of the facility. The inspection was last conducted January 19, 2012.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	Meets Standard	
16. <b>(MANDATORY)</b> The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The facility fire plan has been approved by the Gainesville Fire Department. The most recent review and approval occurred December 14, 2011.
<ul> <li>17. The plan requires:</li> <li>Monthly fire inspections.</li> <li>Fire protection equipment strategically located throughout the facility.</li> <li>Public posting of emergency plan with accessible building/room floor plans.</li> <li>Exit signs and directional arrows.</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>	Meets Standard	The facility fire plan includes the topics listed within this component.
<ol> <li>Fire drills are conducted and documented quarterly in all facility locations including the administrative area.</li> </ol>	Meets Standard	The facility conducts fire drills on a monthly schedule.
19. A sanitation program covers barbering operations.	Meets Standard	The facility has an established barber program that includes an approved sanitation program.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)				
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.				
Components	Rating	Remarks (1000 Char Max)		
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	Meets Standard	The facility maintains a dedicated barber shop that has the necessary equipment to meet the sanitation requirements.		
21. The sanitation standards are conspicuously posted in the barbershop.	Meets Standard	The facility posts the sanitation standards in the barber shop.		
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	The facility maintains a comprehensive policy for the handling, use and disposal of needles and other sharp objects.		
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	Meets Standard			
<ul> <li>24. Standard cleaning practices include:</li> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>	Meets Standard	The facility maintains an established cleaning and inspection schedule.		
25. Spill kits are readily available.	Meets Standard	The facility maintains spill kits with first aid kits which are located on staff member duty posts.		
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Medical waste is disposed of through a contract service with Stericycle, Inc.		
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	Facility staff members attend training on the policy regarding the prevention of contact with blood and other body fluids.		
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	Meets Standard	Solid waste is disposed of through a contract service with Waste Management.		
<ul> <li>29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventive spraying for indigenous insects.</li> </ul>	Meets Standard	Monthly pest control services are provided through a contract service with Duncan Exterminating Company, Gainesville, GA.		
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	Meets Standard	Water and wastewater testing is provided on a fixed schedule through the supplier, City of Gainesville Public Utilities Department.		

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Rating	Remarks (1000 Char Max)			
<ul> <li>31. Emergency power generators are tested at least every two weeks.</li> <li>Other emergency systems and equipment receive testing at least quarterly.</li> <li>Testing is followed-up with timely corrective actions (repairs and replacements).</li> </ul>	Meets Standard	The facility maintenance staff conducts and documents generator testing and service every two weeks. Load testing services are provided by Gen- Tech Power Systems, Lula, GA. During the time of the site review the generator was being replaced (reference purchase order (b)(6), (b)(7)c scheduled for delivery July 24, 2012).			
32. The Facility appears clean and well maintained.	Meets Standard				
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	Meets Standard				
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	Meets Standard				
35. The Health Services Administrator conducts medical-facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	Meets Standard	The Health Services Administrator's medical inspections are conducted as required and the reports are provided to the facility Safety Manager for review.			
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	Meets Standard	The facility Safety Manager conducts special investigations and environmental health surveys.			
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	Meets Standard	The facility Safety Manager is responsible for developing and implementing policies and procedures for the environmental health program.			

This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. Components Rating Remarks (1000 Char Max) 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, **Meets Standard** Environmental Protection Agency, • Food and Drug Administration, • National Fire Protection Association's Life Safety Code, • and National Center for Disease Control and Prevention. •

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary				
(Use following format for dates: mm/dd/yyyy)				
Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)				
The facility has created an environmental health and safety policy and procedure to protect detainees, staff, contractors and volunteers from injury and illness by maintaining high facility standards of cleanliness and sanitation. It includes safe work practices, the control of hazardous substances and a comprehensive fire plan.				
The facility is a multi-level structure originally constructed approximately twenty five years ago. It was a phase construction schedule with three different sections built comprising the final building that exists today. The building underwent remodeling in 2008 and 2009 leading to the current mission of housing Immigration and Customs Enforcement detainees. It stands on a city block within the City of Gainesville, Georgia. The facility appears clean and maintained by staff having knowledge of facility operations and plans. Comprehensive Environmental Health and Safety, Emergency and Fire Plans are in place and staff are instructed and trained on response.				
Overall Rating: Meets Standard				
Reviewer Name (Printed)       (b)(6), (b)(7)(c)       Completion Date: 7/12/2012				

	PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C)				
ma	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.				
s	tandard N/A				
	Components	Rating	Remarks (1000 Char Max)		
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	Meets Standard			
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	Meets Standard	All Transportation Officers have a valid Commercial Driver's License (CDL).		
3.	Supervisors maintain records for each vehicle operated.	Meets Standard			
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	Meets Standard	Current annual inspection sheets for the fleet of transportation vehicles were available and reviewed.		
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	Meets Standard	Pre-trip inspections are completed utilizing the ZONAR electronic data collection and diagnostic device. The ZONAR communicates any needed repairs to the corporate headquarters. Any repair involving the safety of operation of the vehicle is "red flagged" meaning the vehicle may not transport detainees until needed repairs are completed.		
6.	<ul> <li>Officers use a checklist during every vehicle inspection.</li> <li>Officers report deficiencies affecting operability.</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>	Meets Standard	Pre-trip inspections are completed utilizing the ZONAR electronic data collection and diagnostic device. Officers report through ZONAR any deficiencies affecting operability and deficiencies are corrected before the vehicle transports detainees.		

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PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C)			
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.			
Standard N/A			
Click the above button if all ICE Transportation is handled only case. (All Line Items and standard will be rated "N/A")	by the ICE Field Office or Su	ıb-Office in control of the detainee	
Components	Rating	Remarks (1000 Char Max)	
<ul> <li>7. Transporting officers:</li> <li>Limit driving time to 10 hours in any 15 hour period when transporting detainees.</li> </ul>			
<ul> <li>Drive only after eight consecutive off-duty hours.</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit.</li> </ul>	Meets Standard		
<ul> <li>8. (b)(7)(e) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.</li> <li>When buses travel in tandem with detainees, there ar(b)(7)(e) ualified officers per vehicle.</li> <li>An unaccompanied driver transports an empty vehicle.</li> </ul>	Meets Standard	b)(7)(e) officers with valid CDL's are required per vehicle whenever transporting detainees. A single driver may operate an empty vehicle.	
9. The transporting officer inspects the vehicle before the start of each detail.	Meets Standard	The Transportation Officer inspects each vehicle prior to any transport.	
<ol> <li>Positive identification of all detainees being transported is confirmed.</li> </ol>	Meets Standard	Positive identification of all detainees being transported is confirmed utilizing photo identifications and the form I-203 and/or I-216.	
<ol> <li>All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.</li> </ol>	Meets Standard	Detainees are pat searched and officers utilize a metal detecting wand on all detainees prior to boarding the transport vehicle.	
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	Meets Standard		
13. All uniformed officers wear (b)(7)e (b)(7)e	Meets Standard	(b)(7)e	

#### PART 1 - 3. TRANSPORTATION (BY LAND) (Key: C)

This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

# Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
<ul> <li>14. The vehicle crew conducts a visual count once all passengers are on board and seated.</li> <li>Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.</li> </ul>	Meets Standard	
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	There is policy covering use of restraining equipment on transportation vehicles.
<ul> <li>16. Officers ensure that no one contacts the detainees.</li> <li>One officer remains in the vehicle at all times when detainees are present.</li> </ul>	Meets Standard	
<ul> <li>17. Meals are provided during long distance transfers.</li> <li>The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.</li> </ul>	Meets Standard	Detainees are provided meals during long distance transfers which meet the minimum dietary standards identified by dieticians utilized by ICE.
<ul> <li>18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).</li> <li>Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.</li> <li>Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.</li> </ul>	Meets Standard	
<ul> <li>19. Vehicles have:</li> <li>(b)(7)e</li> <li>Equipment appropriate and necessary for transporting detainees with physical disabilities.</li> </ul>	Meets Standard	Transportation vehicles are equipped with (b)(7)e (b)(7)e equipment appropriate and necessary for transporting detainees with physical disabilities.
20. The vehicles are clean and sanitary at all times.	Meets Standard	

PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C)		
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.          Standard N/A         Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee		
case. (All Line Items and standard will be rated "N/A")		
Components	Rating	Remarks (1000 Char Max)
<ul> <li>21. Personal property of a detainee transferring to another facility: <ul> <li>Is inventoried.</li> <li>Is inspected.</li> <li>Accompanies the detainee.</li> </ul> </li> </ul>	Meets Standard	Personal property of detainees is inventoried, inspected and accompanies the detainee when transported to or from this facility.
<ul> <li>22. The following contingencies are included in the written procedures for vehicle crews: <ul> <li>Attack</li> <li>Escape</li> <li>Hostage-taking</li> <li>Detainee sickness</li> <li>Detainee death</li> <li>Vehicle fire</li> <li>Riot</li> <li>Traffic accident</li> <li>Mechanical problems</li> <li>Natural disasters</li> <li>Severe weather</li> <li>Passenger list is not exclusively men or women or minors</li> </ul> </li> </ul>	Meets Standard	Written procedures for vehicle crews cover all contingencies listed in this component and standard.

# PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector interviewed the Warden, a Supervisory Detention and Deportation Officer, the Transportation Supervisor and the Facility Quality Assurance Officer in review of this standard. The inspector also reviewed policy and vehicle inspection files and inspected one of the fleet of seven transportation vehicles.

During the previous inspection it was determined that this standard was Not Applicable. However, detainee Land Transportation services are provided by TransCor America LLC. The Warden and Supervisory Detention and Deportation Officer stated that ICE contracted with the facility for transportation services. The facility then contracts with TransCor to provide detainee transportation services to and from the facility.

During this inspection it was found that transportation vehicles were properly equipped, maintained, and operated in a safe and secure manner. Detainees are transported in a secure, safe, and humane manner, under the supervision of trained and experienced staff.

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FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary					
(Use following format for dates: mm/dd/yyyy)					
Overall Rating: Meets Standard					
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 7/12/2012				
Reviewer Signature (for printed form submission):					

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# Section II SECURITY

Admission and Release Classification System Contraband Facility Security and Control Funds and Personal Property Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Searches of Detainees Sexual Abuse and Assault Prevention and Intervention Special Management Units Staff-Detainee Communication Tool Control Use of Force and Restraints

	PART 2 – 4. ADMISSIO	N AND RELEASE (Key: D)			
	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.				
	Components	Rating	Remarks (1000 Char Max)		
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	Meets Standard	The facility orientation includes unacceptable activities and behavior, and corresponding sanctions; how to contact ICE; the availability of pro-bono legal services and how to pursue such services; a schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; and sick call procedures. Detainees receive a copy of the ICE National Detainee Handbook and the Facility's Detainee Handbook.		
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	Meets Standard	Initial medical screenings are conducted by medical staff in the admissions area.		
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	Meets Standard	Detainees arrive with a classification score and identification documentation from ICE. Detainees remain segregated from the general population if they arrive without an approved classification score until the classification process is completed by ICE staff.		
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	Meets Standard			
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	Meets Standard	Detainees are only strip searched when there is reasonable suspicion. Supervisory approval is required and a G-35 form is used to document the strip search.		

#### PART 2 – 4. ADMISSION AND RELEASE (Key: D)

This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. Components Rating Remarks (1000 Char Max) 6. The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All Meets Standard identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy. 7. Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities Meets Standard forward all I-387 claims to ICE. Detainees are issued appropriate and sufficient clothing 8. Meets Standard and bedding for the climatic conditions. 9. All releases are coordinated with ICE. All releases are coordinated with Meets Standard the ICE sub-office which is on site at the facility. 10. Staff complete paperwork/forms for release as required. Meets Standard 11. Each detainee receives a receipt for personal property Meets Standard secured by the facility. 12. The facility has a system to maintain accurate records and Meets Standard documentation for admission, orientation, and release. The ICE sub-office enters all 13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien release, removal, or transfer Detention Module (EADM) within 8 hours of action. Meets Standard information into the Enforce Alien Detention Module (EADM) within eight hours of action. 14. All orientation material shall be provided in English, An orientation video is played in Spanish, and other language(s) as determined by the Field each housing unit every day that Office Director. Meets Standard is in English and Spanish and the handbook is also provided in English and Spanish.

#### PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

All detainees at this facility are usually classified by ICE staff before they arrive at this facility. If for some reason they arrive without a classification score, ICE comes to the facility and classifies the detainee. The ICE Office is located adjacent to this facility. There are medical offices in Admission and Release where medical staff conducts the initial health screening for all detainees.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 2 – 5. CLASSIFIC	CATION SYSTEM (Key: E)		
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.				
	Components	Rating	Remarks (1000 Char Max)	
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	Meets Standard	This facility is an IGSA and it utilizes the ICE classification score system provided by ICE which is an objective classification system.	
2.	The facility classification system includes:			
	Classifying detainees upon arrival.			
	<ul> <li>Separating individuals who cannot be classified upon arrival from the general population.</li> </ul>	Meets Standard		
	• The first-line supervisor or designated classification specialist reviews every classification decision.			
3.	The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.	Meets Standard	ICE classifies all detainees and retains the A-files in their offices. However, a copy of the classification score sheet is provided to this facility by ICE.	
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	Meets Standard		
5.	Housing assignments are based on classification-level.	Meets Standard	A review of the facility policy indicated that the facility houses detainees according to their classification level.	
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	Meets Standard		
7.	Detainee work assignments are based upon classification designations.	Meets Standard		
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	Meets Standard	The facility classification policy states that they will reassess detainees at 90 and 120-day intervals.	

#### PART 2 - 5. CLASSIFICATION SYSTEM (Key: E)

This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.

	Components	Rating	Remarks (1000 Char Max)		
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	Meets Standard	There is a process for new arrivals' appeals. Appeals are forwarded to the local ICE Field Office and if granted, reductions in classification are approved by a supervisor. Additionally, the facility policy allows the warden to reduce the classification level if the reduction is appropriate.		
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	Meets Standard	Classification appeals are resolved within five (5) business days and the detainee is notified within ten (10) business days.		
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	Meets Standard	The facility policy states that detainees may appeal their classification to the warden.		
12.	The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard			
13.	In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	Meets Standard	This facility is an IGSA. Color coded uniforms and IDs are used to reflect the detainee's classification level.		

#### PART 2 – 5. CLASSIFICATION SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

ICE classifies all detainees housed at the facility in their offices which are located adjacent to this facility. However, the facility has its own classification policy and a review of the policy indicated that it is consistent with the ICE Classification Standard and if necessary they can classify detainees at this facility. While the warden at this facility has the authority to review and grant classification appeals, the appeals are sent to ICE for their review and level reduction consideration.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 2 – 6. CONTRABAND (Key: F)				
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.					
	Components	Rating	Remarks (1000 Char Max)		
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.	Meets Standard	The facility does have a written procedure for handling contraband. The procedure directs staff to hold hard contraband, reporting it and turning it over to the proper legal authority for possible prosecution.		
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	The facility retains government property as evidence for potential disciplinary action or criminal prosecution.		
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	Meets Standard	The facility has written procedures directing staff to return contraband not needed as evidence to the proper authority.		
4.	Altered property is destroyed following documentation and using established procedures.	Meets Standard			
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	The facility has policy in place requiring staff to consult with the facility Chaplain prior to confiscating any religious items from detainees.		
6.	Staff follow written procedures when destroying hard contraband that is illegal.	Meets Standard			
7.	<ul> <li>Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes.</li> <li>If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.</li> <li>Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property.</li> </ul>	Meets Standard	The facility policy concerning hard contraband is that it is to be turned over to the local authorities for potential prosecution. None is retained for other official uses such as training. Soft contraband is either mailed to a third party or placed in the detainee's personal property.		
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	Meets Standard			
9.	Facilities with Canine Units only use them for contraband detection.	N/A	The facility does not utilize canines.		

#### PART 2 – 6. CONTRABAND – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

#### PART 2 – 6. CONTRABAND – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed policy, post orders and interviewed the Chief of Security and a Shift Supervisor in review of this standard.

The facility has in place a comprehensive contraband control plan. The plan protects detainees and staff and enhances facility security and good order by identifying, detecting and properly disposing of contraband.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

PART 2 – 7. FACILITY SECU	RITY AND CONTROL (	Key: G)		
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.				
Components	Rating	Remarks (1000 Char Max)		
1. The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	Meets Standard	The Warden and other facility administrators visit detainee living areas and activity areas on at least a weekly basis.		
2. At least one male and one female staff are on duty where both males and females are housed.	Meets Standard			
<ol> <li>Comprehensive annual staffing analysis determines staffing needs and plans.</li> </ol>	Meets Standard			
<ol> <li>Essential posts and positions are filled with qualified personnel.</li> </ol>	Meets Standard			
5. Every Control Center officer receives specialized training.	Meets Standard	Control Center officers are provided specialized on-the -job training for Control Center operations.		
6. Policy restricts staff access to the Control Center.	Meets Standard	Facility policy and a memorandum from the Warden restrict staff access to Control Centers.		
7. Detainees do not have access to the Control Center.	Meets Standard	Facility policy specifically states that detainees are not to have access to a Control Center at any time.		
8. Communications are centralized in the Control Center.	Meets Standard	Facility communications are centralized through Master Control Center.		
<ol> <li>Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.</li> </ol>	Meets Standard			
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	Meets Standard	The Master Control Center maintains employee personal data information complete with		
		(b)(7)(e)		
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	Meets Standard	The facility recall list does include the staff member's current home telephone number.		

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G) This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.		
Components	Rating	Remarks (1000 Char Max)
12. (b)(7)e	Meets Standard	(b)(7)e
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	Meets Standard	
15. All visits officially recorded in a visitor logbook or electronically recorded.	Meets Standard	All visits to the facility are officially recorded in a visitor logbook.
16. The facility has a secure, color-coded visitor pass system.	Meets Standard	The facility does have a secure, color-coded visitor pass system.
17. Officers monitor all vehicular traffic entering and leaving the facility.	Meets Standard	Officers do monitor all vehicular traffic entering and leaving the facility.
<ul> <li>18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: <ul> <li>The driver's name</li> <li>Company represented</li> <li>Vehicle contents</li> <li>Delivery date and time</li> <li>Date and time out</li> <li>Vehicle license number</li> <li>Name of employee responsible for the vehicle during the facility visit</li> </ul> </li> </ul>	Meets Standard	Facility policy directs staff to
19. Officers thoroughly search each vehicle entering and leaving the facility.	Meets Standard	Facility policy directs staff to search all vehicles entering and leaving the facility.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	Meets Standard	The facility has a written policy on preventing the introduction of contraband into the facility.
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	Meets Standard	
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	Meets Standard	
23. Written procedures govern searches of detainee housing units and personal areas.	Meets Standard	There are written procedures covering searches of housing units and personal areas.

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)
tion Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility
maintained and that events that nose a risk of harm are prevented

This Detention

security is maintained and that events that pose a risk of harm a Components	Rating	Remarks (1000 Char Max)
24. Housing area searches occur at irregular times.	Meets Standard	Housing unit post orders direct assigned staff to conduct housing area searches at irregular times.
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	Meets Standard	
26. There are post orders for every security officer post.	Meets Standard	Each security officer post has a post order.
27. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
<ol> <li>Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.</li> </ol>	Meets Standard	
29. Every search of the SMU and other housing units is documented.	Meets Standard	
30. The SMU entrance has a sallyport.	Meets Standard	The entrance to the Special Management Unit does have a sally port.
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	Meets Standard	
<ul> <li>32. The facility has a comprehensive security inspection policy. The policy specifies:</li> <li>Posts to be inspected</li> <li>Required inspection forms</li> <li>Frequency of inspections</li> <li>Guidelines for checking security features</li> <li>Procedures for reporting weak spots, in-consistencies, and other areas needing improvement</li> </ul>	Meets Standard	The facility has a comprehensive security inspection policy which specifies posts to be inspected, the forms to be utilized, frequency of inspections, guidelines for checking security features and the procedures for reporting weak spots or areas needing improvement.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	Meets Standard	Facility policy requires all officers to conduct and document a security check of their assigned area.
34. Documentation of security inspections is kept on file.	Meets Standard	
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	Meets Standard	Facility procedures ensure that recurring problems and a failure to take corrective action are reported to the Chief of Security.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	Meets Standard	

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)			
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.			
Components	Rating	Remarks (1000 Char Max)	
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	Meets Standard		
<ol> <li>Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.</li> </ol>	Meets Standard		
<ul> <li>39. Daily procedures include:</li> <li>Perimeter alarm system tests.</li> <li>Physical checks of the perimeter fence.</li> <li>Documenting the results.</li> </ul>	Meets Standard	There is a policy requirement to conduct (b)(7)e facility's perimeter fence on each shift, documenting the check on a specified form. (b)(7)e (b)(7)e	
40. Visitation areas receive frequent, irregular inspections.	Meets Standard		
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	Meets Standard		
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	Meets Standard	The Chief of Security and the Maintenance Supervisor do conduct monthly checks of the perimeter fence.	

PART 2 – 7. FACILITY SECURITY AND CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed facility policy, post orders, inspection files, and logbooks in review of this standard. The inspector also interviewed the Chief of Security, Training Manager, several Housing Unit Officers, and a Shift Supervisor.

The facility has an inclusive security and control program that protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a threat are prevented.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 2 - 8. FUNDS AND P	ERSONAL PROPERTY (Ke	ey: H)
valu	s Detention Standard ensures that detainees' personal prop uables, baggage and other personnel property, and that con andard N/A		· · · -
Clic	k the button above (IGSA ONLY) if all ICE detainee Funds, v ice or Sub-Office in control of the detainee case. (All Line I		
	Components	Rating	Remarks (1000 Char Max)
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	Meets Standard	Detainee property is separated, inventoried and stored in a secure property room.
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	Meets Standard	
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	Meets Standard	ICE detainee property is stored in the facility property room. Funds are collected and verified for deposit in the detainee account.
4.	(b)(7)(epfficers are present during the processing of detainee funds and valuables during admissions processing to the facility (b)(7)(e) officers verify funds and valuables.	Meets Standard	The facility require(b)(7)(c)taff members to verify detainee funds; they are placed in a vault in the booking department for deposit into the detainee's commissary account.
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	Meets Standard	
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	Meets Standard	The facility issues the detainee a copy; one is maintained with the property and one in the detainee detention file.
7.	Staff forward an arriving detainee's medicine to the medical staff.	Meets Standard	The facility forwards medication to medical staff.
8.	Staff search arriving detainees and their personal property for contraband.	Meets Standard	The facility searches detainee property for contraband during the booking process.
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	Facility policy and procedure requires staff to notify the facility administrator of property discrepancies.
10.	Staff follow written procedures when returning property to detainees.	Meets Standard	

PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H)			
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.          Standard N/A			
Click the button above (IGSA ONLY) if all ICE detainee Funds, Office or Sub-Office in control of the detainee case. (All Line			
Components	Rating	Remarks (1000 Char Max)	
11. CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	Meets Standard	The facility requires a detainee to complete a Report of Detainee Missing Property Form, which is forwarded to the Intake Supervisor for investigation and disposition.	
<ul> <li>12. The facility attempts to notify an out-processed detainee that he/she left property in the facility.</li> <li>By sending written notice to the detainee's last known address; via certified mail;</li> <li>The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.</li> </ul>	Meets Standard	The facility attempts to notify detainees of left property by telephone and certified mail. If the detainee is unable to pick the property up, it is mailed to the detainee at facility expense.	
13. Staff obtain a forwarding address from each detainee.	Meets Standard		
14. It is standard procedure for b)(7)(epfficers to be present when removing/documenting the removal of funds from a detainee's possession.	Meets Standard	The facility require(b)(7)((a)taff members to verify the removal of detainee funds; they are placed in a vault in the booking department for deposit into the detainee's commissary account.	
<ol> <li>Staff issue and maintain property receipts (G-589s) in numerical order.</li> </ol>	Meets Standard	The facility maintains property receipts in an electronic format which may be searched in numerical order.	
16. Staff complete and distribute the G-589 in accordance with the ICE standard.	Meets Standard	The facility utilizes a local form which is completed and distributed as described by the standard.	
<ol> <li>The processing officer records each G-589 issuance in a G- 589 logbook. The record includes the initials and star numbers of receipting officers.</li> </ol>	Meets Standard	The facility generates a local property inventory form with the officer information entered into an electronic logbook.	
18. Staff tag large valuables with both a G-589 and an I-77.	Meets Standard	The facility utilizes a local form to inventory detainee valuable property.	
19. The supervisor verifies the accuracy of every G-589.	Meets Standard	The facility property room supervisor verifies detainee inventory documents.	

	PART 2 - 8. FUNDS AND P	ERSONAL PROPERTY (K	ey: H)	
valu	Detention Standard ensures that detainees' personal prop ables, baggage and other personnel property, and that con ndard N/A			
	Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")			
	Components	Rating	Remarks (1000 Char Max)	
20.	<ul> <li>The supervisor ensures that:</li> <li>Detainee funds are, without exception, deposited into the cash box;</li> </ul>		The facility booking supervisor and property room staff ensure	
	<ul> <li>Every property envelope is sealed.</li> <li>All sealed property envelopes are placed in the safe.</li> <li>Large, valuable property is kept in the secured locked area.</li> </ul>	Meets Standard	the elements of this component are completed.	
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	Meets Standard	Facility staff utilizes a local form to tag baggage and containers in the facility property room.	
22.	Staff secure every container used to store property with a tamper-proof numbered strap.	Meets Standard	The facility secures containers in which they have placed detainee property with numbered straps. Items are maintained in a locked storage room or vault.	
23.	A logbook records detainee name, A- number/detainee- number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	Meets Standard	The facility logs the detainee name and property information in an electronic system.	
24.	<u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	N/A	This facility is an IGSA. Facility staff conducts comprehensive quarterly audits of the property room.	
25.	The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.	Meets Standard	The facility conducts quarterly audits of baggage and non- valuable property.	
	The facility positively identifies every detainee being released or transferred.	Meets Standard	ICE detainees are verified by photograph and number prior to release from the facility.	
27.	Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	Meets Standard	Facility staff is required to notify supervisors of any property claims by detainees and the claim is investigated and reports are filed.	

#### PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H)

This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.

#### Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.	Meets Standard	The facility completes lost/damaged report similar to the ICE form. It is forwarded to the Facility Administrator for review and disposition. The documentation is placed in the detention file and the A-file.

#### PART 2 - 8. FUNDS AND PERSONAL PROPERTY – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Overall Rating: Meets Star	ndard	
Reviewer Name (Printed)	(b)(6), (b)(7)(c)	Completion Date: 7/12/2012

	PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)			
	is Detention Standard ensures the safety, security, and comfo ocessing. The maximum aggregate time an individual may be	ort of detainees temporarily	/ held in Hold Rooms pending further	
	Components	Rating	Remarks (1000 Char Max)	
1.	The hold room is situated in a location within the secure perimeter.	Meets Standard	All hold rooms are located within the secure perimeter of the facility.	
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	Meets Standard	During the inspection the hold rooms were clean and in good order. They are well-ventilated, well-lighted and all light switches are located outside the rooms.	
3.	The hold rooms contain sufficient seating for the number of detainees held.	Meets Standard	The hold rooms do have sufficient seating for the rated capacity of detainees.	
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	Meets Standard	Sleeping apparatuses are not allowed inside of the hold rooms.	
5.	Hold room walls and ceilings are escape and tamper resistant.	Meets Standard	The hold room's walls and ceilings are tamper resistant and escape proof.	
6.	Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	Facility post orders and policy direct staff not to hold detainees in hold rooms for more than 12 hours.	
7.	Male and females detainees are segregated from each other at all times.	Meets Standard		
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard		
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	N/A	Hold rooms are equipped with toilet facilities.	
10	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	Detainees are given a pat down search for contraband prior to being placed in the hold rooms.	
11.	<ul> <li>When the last detainee has been removed, the hold room is inspected for the following:</li> <li>Cleaning.</li> <li>Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair.</li> </ul>	Meets Standard		

PART 2 – 9. HOLD ROOMS IN		
This Detention Standard ensures the safety, security, and comfor processing. The maximum aggregate time an individual may be		
Components	Rating	Remarks (1000 Char Max)
<ul> <li>12. (MANDATORY) There is a written evacuation plan.</li> <li>There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.</li> </ul>	Meets Standard	The hold rooms do have a written evacuation plan. There is a directive posted on the intake bulletin board specifying an officer responsible for removing detainees in case of fire and/or building evacuation.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	Meets Standard	
<ul> <li>14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area).</li> <li>If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee.</li> </ul>	Meets Standard	Hold rooms meet the square footage requirement of 37 square feet for one detainee and 7 square feet for each additional detainee.
<ul> <li>15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are:</li> <li>Compliant with the American Disabilities Act.</li> <li>Small hold rooms (1 to 14 detainees) have at least one combi-unit.</li> <li>Large hold rooms (15 to 49 detainees) are provided with at least two combi-units.</li> </ul>	Meets Standard	This facility is an IGSA. They are all equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. The toilets are compliant with the American Disabilities Act.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	Meets Standard	This facility is an IGSA. All the hold rooms have floor drains.
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	Meets Standard	This facility is an IGSA. The doors to the hold rooms swing outward except for two rooms that have sliding doors. The doors comply with the specifications in the standard.
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	N/A	Minors are not confined at this facility.
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	N/A	Minors are not confined at this facility.
<ul> <li>20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell.</li> <li>The log includes the required information specified in the standard.</li> </ul>	Meets Standard	The facility maintains a detention log for each detainee placed in a hold room. The log includes all information required by the standard.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)			
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.			
Components	Rating	Remarks (1000 Char Max)	
21. Officers provide a meal to any detainee detained in a hold room for more than six hours.			
<ul> <li>Juveniles, babies and pregnant women have access to snacks, milk or juice.</li> </ul>	Meets Standard		
<ul> <li>Meal are served to juveniles regardless of time in custody</li> </ul>			
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	Meets Standard		
23. The maximum occupancy for the hold room will be posted.	Meets Standard	The maximum capacity is posted for all hold rooms at this facility.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard		
25. Staff does not permit detainees to smoke in a hold room.	Meets Standard	The facility is a smoke-free facility. Tobacco is not allowed in any part of the facility.	
26. Officers closely supervise hold rooms through direct supervision, to ensure:			
<ul> <li>Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and</li> </ul>			
<ul> <li>Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments."</li> </ul>	Meets Standard		
<ul> <li>Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul>			

#### PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed facility policy, post orders, log books, and interviewed the Chief of Security and the Intake Supervisor in review of this standard.

The facility houses detainees temporarily in hold rooms during the intake/release process. The hold rooms provide a safe and secure environment while the detainees are being processed into or out of the facility.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 2 – 10. KEY AND	LOCK CONTROL (Key: J)	
	Detention Standard maintains facility safety and security ntained.	by requiring that keys a	nd locks be properly controlled and
	Components	Rating	Remarks (1000 Char Max)
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	Meets Standard	The Maintenance Supervisor has attended an approved locksmith training course.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	Meets Standard	The Armory Officer is designated all responsibilities related to keys and locking devices.
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	Meets Standard	
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	Meets Standard	The Armory Officer maintains inventories of all keys, locks, and locking devices.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	Meets Standard	
6.	Facility policies and procedures address the issue of compromised keys and locks.	Meets Standard	Facility policy does address the issue of compromised keys or locks.
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	Meets Standard	
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	Meets Standard	Facility policy states that only dead bolt or dead lock function locks are to be utilized in detainee accessible areas.
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	Meets Standard	
10.	The facility does not use grand master keying systems.	Meets Standard	The facility does not utilize grand master keying systems.
11.	All worn or discarded keys and locks cut up and properly disposed of.	Meets Standard	Facility policy states that all worn or discarded keys and locks are to be cut up and properly disposed of.
12.	Padlocks and/or chains are not used on cell doors.	Meets Standard	The facility does not utilize padlocks and/or chains on cell doors.
13.	<ul> <li>The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to</li> <li>Occupational Safety and Environmental Health Manual, Chapter 3</li> <li>National Fire Protection Association Life Safety Code 101.</li> </ul>	Meets Standard	

#### PART 2 – 10. KEY AND LOCK CONTROL (Key: J) This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. Components Rating Remarks (1000 Char Max) 14. The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a Meets Standard secure area. 15. Procedures in place to ensure that key rings are: Identifiable Meets Standard • Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 16. Emergency keys are available for all areas of the facility. Meets Standard 17. The facility uses a key accountability system. The facility utilizes the (b)(7)e Meets Standard (b)(7)e key accountability system. 18. Authorization is necessary to issue any restricted key. Meets Standard 19. Individual gun lockers are provided. • They are located in an area that permits constant officer observation. Meets Standard • In an area that does not allow detainee or public access. 20. The facility has a key accountability policy and procedures The facility has a key to ensure key accountability. The keys are physically accountability policy and counted daily. procedures ensuring key Meets Standard accountability. The keys on the working key board are counted daily by the Master Control Center Officer on the third shift. 21. All staff members are trained and held responsible for All staff are trained and held responsible for the proper adhering to proper procedures for the handling of keys. handling of facility keys. Policy • Issued keys are returned immediately in the event an directs staff to immediately employee inadvertently carries a key ring home. return a key ring if it is • When a key or key ring is lost, misplaced, or not inadvertently taken home. Policy Meets Standard accounted for, the shift supervisor is immediately also directs all staff to notified. immediately notify the Shift Detainees are not permitted to handle keys assigned Supervisor if a key is lost or to staff. misplaced. Policy also states that

22. Locks and locking devices are continually inspected,

23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security

maintained, and inventoried.

officer.

Meets Standard

Meets Standard

detainees are not to handle keys

assigned to staff.

#### PART 2 – 10. KEY AND LOCK CONTROL (Key: J)

	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.				
	Components         Rating         Remarks (1000 Char Max)				
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	Meets Standard	The Armory Officer is the only employee who is authorized to add or remove a key from an institutional key ring.		
25.	The splitting of key rings into separate rings is not authorized.	Meets Standard	Facility policy does not allow key rings to be split.		

PART 2 – 10. KEY AND LOCK CO (Use following format fo	-
<b>Overall Remarks:</b> (Record significant facts, observations, other s	
The inspector reviewed facility policy, post orders; key and locki	ng device inventories, and interviewed the Maintenance Armory Officer in review of this standard.
Supervisor, the Chief of Security, the fraining Manager, and the	
The facility has an integral key and lock control system. The syst	
The facility has an integral key and lock control system. The syster overall safety and security of the facility.	

	PART 2 – 11. POPULATION COUNTS (Key: K)			
	s Detention Standard protects the community from harm and			
tha	that each facility have an ongoing, effective system of population counts and detainee accountability.			
	Components	Rating	Remarks (1000 Char Max)	
1.	Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	Meets Standard	The facility has seven formal counts each day with two specified to be face-to-photo counts.	
2.	Activities cease or are strictly controlled while a formal count is being conducted.	Meets Standard	Detainee activities cease during formal counts.	
3.	There is a system for counting each detainee, including those who are outside the housing unit.	Meets Standard	The facility has a system in place to count all detainees, even those not in the housing unit during the count.	
4.	Formal counts in all units take place simultaneously.	Meets Standard	Formal counts occur in all units simultaneously.	
5.	Officers do not allow detainee participation in the count.	Meets Standard	Facility policy directs staff not to allow detainee participation in counts.	
6.	A face-to-photo count follows each unsuccessful recount.	Meets Standard	Facility policy directs staff to conduct a face-to-photo count following an unsuccessful recount.	
7.	Officers positively identify each detainee before counting him/her as present.	Meets Standard	Facility policy directs staff to positively identify each detainee before counting him/her as present.	
8.	Written procedures cover informal and emergency counts.	Meets Standard		
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard		
10	Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	Meets Standard		

#### PART 2 – 11. POPULATION COUNTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed facility policy, post orders, observed a formal count, and interviewed the Chief of Security and a Shift Supervisor in review of this standard. The formal count observed by the inspector was also observed by other inspectors on the inspection team from multiple locations throughout the facility.

The facility has an ongoing, effective system of population counts and detainee accountability which protects the community from harm and enhances facility security, safety, and good order.

**Overall Rating:** Meets Standard

PART 2 – 11. POPULATION COUNTS – Reviewer Summary				
(Use following format for dates: mm/dd/yyyy)				
Reviewer Name (Printed) (b)(6), (b)(7)(c)			Completion Date: 7/12/2012	
Reviewer Signature (for printed form submission):				

	PART 2 – 12. PO	ST ORDERS (Key: L)	
	s Detention Standard protects detainees and staff and enhan igned to a security post knows the procedures, duties, and r		
	Components	Rating	Remarks (1000 Char Max)
1.	Every fixed post has a set of Post Orders.	Meets Standard	Every fixed post at the facility has a set of Post Orders.
2.	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	Meets Standard	This facility is an IGSA. The facility has formatted their Post Orders into the six-part folder format.
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	Meets Standard	
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	Meets Standard	By policy the Chief of Security is responsible for keeping all Post Orders current with revisions that take place between reviews.
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	Meets Standard	
6.	The facility administrator authorizes all Post Order changes.	Meets Standard	
7.	The facility administrator has signed and dated the last page of every section.	Meets Standard	The Warden has signed the last page and initialed and dated all pages of Post Orders at this facility.
8.	A Post Orders master file is available to all staff.	Meets Standard	A master file of facility Post Orders is available to all staff on the facility's computer policy drive.
9.	Procedures keep Post Orders and logbooks secure from detainees at all times.	Meets Standard	
10	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	Meets Standard	Copies of applicable Post Orders are only retained at the post if they can be secured so that detainees may not access them.
11.	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	
12.	In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.	Meets Standard	This facility is an IGSA. Facility policy directs staff to read, sign, and date Post Orders for any newly assigned post indicating that he or she has read and understands them.
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	

PART 2 – 12. POST ORDERS (Key: L)				
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.				
Components	Rating	Remarks (1000 Char Max)		
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:				
• (b)(7)e	Meets Standard			
15. Post Orders for armed posts provide instructions for escape attempts.	Meets Standard	Post Orders for armed posts do provide instructions for escape attempts.		
16. The Post Orders for housing units track the daily event schedule.	Meets Standard	The Post Orders for the housing unit officers does track the daily detainee schedule.		
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	Meets Standard	The housing unit Post Orders does direct officers to log all detainee activities in the unit logbook.		

#### PART 2 – 12. POST ORDERS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed Post Orders and logbooks in review of this standard. The inspector also interviewed the Chief of Security, the Training Manager, and several Housing Officers in review of this standard.

The facility has developed and implemented an effective set of Post Orders ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post. This enhances facility security and good order.

Overall Rating: Meets Standard Reviewer Name (Printed (b)(6)

(b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 2 – 13. SEARCHE		
	is Detention Standard protects detainees and staff and enhan operly disposing of contraband.	ces facility security and goo	od order by detecting, controlling, and
	Components	Rating	Remarks (1000 Char Max)
1.	There are written policy and procedures governing searches of housing areas, work areas and of detainees.	Meets Standard	The facility policy that governs searches of housing areas, work areas and detainees was reviewed during this inspection.
2.	Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	Meets Standard	
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	Meets Standard	The facility policy requires staff to avoid unnecessary force during searches and it indicates that detainees are to be searched in a manner that preserves their dignity.
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	Meets Standard	
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	Meets Standard	
6.	Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	Meets Standard	Facility policy requires that strip searches be conducted only when there is reasonable suspicion that there may be contraband concealed on the person or that an opportunity for concealment has occurred and the strip search has to be authorized by a supervisor.
7.	Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	Meets Standard	
8.	"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	Meets Standard	The facility policy covers the use of dry cells and it states that they are to be used only for contraband detection when there is reasonable belief of concealment. The facility administrator or designee has to authorize the use of a dry cell.

	PART 2 – 13. SEARCHES OF DETAINEES (Key: M)				
	This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.				
	Components         Rating         Remarks (1000 Char Max)				
9.	Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	Meets Standard			
10	. Canines are not used in the presence of detainees	N/A	Canines are not used at this facility.		

PART 2 – 13. SEARCHES OF DETAINEES – Reviewer Summary	
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(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility policy regarding the search of detainees, the detainee work areas and other areas within the facility, such as visitation, was reviewed and it was consistent with the ICE Standard. The facility policy states that unnecessary force will not be used when conducting searches and that efforts will be made to preserve the dignity of the detainee when they are searched.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)			
ass	This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.			
	Components	Rating	Remarks (1000 Char Max)	
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	Meets Standard	The Sexual Abuse Prevention and Response policy outlines procedures including detainee screening, orientation, reporting, triage, treatment, and investigation.	
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	Meets Standard	This is an IGSA. The written policy and procedure has been approved through the initial ICE contract, as documented.	
3.	Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	Tracking statistics and reports were readily available.	
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	Meets Standard	All staff is trained during orientation and annually in sexual assault prevention and intervention, as documented in training records.	
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	Detainees are informed about the program during orientation, in the detainee handbook, and as posted in the housing units.	
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	Meets Standard	The Notice is posted in the housing units.	
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	Meets Standard	The Sexual Assault Awareness Information brochure has been incorporated in its entirety into the detainee handbook.	
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	Meets Standard	Detainees are screened by unit managers using the sexual abuse screening tool.	
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	Meets Standard	There were four reported incidents of sexual abuse or assault by a detainee on a detainee in the past year.	
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	Meets Standard	There were no reported incidents of sexual abuse or assault by staff on a detainee in the past year.	
11.	There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	Meets Standard	All reported incidents of sexual abuse were reported through chain of command.	

#### PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)

This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
12. When there is an alleged sexual assault, staff conduct thorough investigation, gather and maintain evidence, an make referrals to appropriate law enforcement agencie for possible prosecution.	Meets Standard	Investigations were conducted on all four reported incidents. Referral to outside law enforcement was not warranted.
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	e Meets Standard	Required notifications were made.
<ol> <li>Victims of sexual abuse or assault are referred t specialized community resources for treatment an gathering of evidence.</li> </ol>		Referrals to specialized community resources are made as appropriate.
15. All records associated with claims of sexual abuse of assault is maintained, and such incidents are specifical logged and tracked by a designated staff coordinator.		All records are kept by the designated staff coordinator, the Chief of Security.

PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

There were four reported incidents of sexual abuse/assault by detainee on detainee in the past year. All four incidents were investigated and notifications made as required. The results of the investigations were: two of the incidents were unsubstantiated and two of the incidents were unfounded.

The facility acts proactively to prevent sexual abuse/assault through the use of a comprehensive program, training of staff and detainees, and screening of detainees.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	Components	Rating	Remarks (1000 Char Max)
1.	Written policy and procedures are in place for special management units.	Meets Standard	The facility has policy and procedures in place for special management units (SMU).
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	Meets Standard	
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	Meets Standard	
4.	<b>(MANDATORY)</b> Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	Meets Standard	Facility policy directs staff to immediately notify medical personnel when a detainee is admitted to the SMU so that he/she may be assessed and reviewed as indicated by health care protocols.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	Meets Standard	
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	The number of detainees confined to a cell does not exceed the design capacity.
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	Meets Standard	
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	Meets Standard	

Components	Rating	Remarks (1000 Char Max)
<ol> <li>A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</li> <li>In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.</li> </ol>	Meets Standard	This facility is an IGSA. The facility does maintain a permanent log in each SMU to record all activities concerning detainees. The SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Administrative Segregation, the authorizing official, and date released.
<ul> <li>10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:</li> <li>The time and date of the visit, and</li> <li>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</li> </ul>	Meets Standard	This facility is an IGSA. The facility maintains an SMU visitor's log. The log has the time and date of the visit and any unusual behaviors observed of any individual detainee.
<ul> <li>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</li> <li>In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU.</li> <li>In CDFs and IGSA facilities form I-888 or a comparable form is used.</li> <li>In SPCs and CDFs:</li> <li>By the end of each shift, the special housing unit officer records: <ul> <li>Whether the detainee ate, showered, exercised, and took any medication, and</li> <li>Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc.</li> </ul> </li> <li>When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift.</li> </ul>	Meets Standard	This facility is an IGSA. The facility uses a form comparable to the I- 888 to record meals, showers, recreation, and medication administered. The form is started when the detainee is assigned to SMU. The health care providers also sign the form and document if medications are given.

12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor forAt this facility released from releasing state housing unit	<b>rks</b> (1000 Char Max) ty when a detainee is om the SMU, the aff attaches the entire
officer attaches the entire housing unit record to thereleased froAdministrativeSegregationOrder orDisciplinarySegregationOrder and forwards it to the Supervisor forhousing unit	om the SMU, the
and forward	t record to the ive Segregation Order ary Segregation Order ds it to the Supervisor in the detainee's
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.Meets Standard	
<ul> <li>14. There are written policy and procedures concerning privileges detainees may have in each type of segregation.</li> <li>(In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)</li> </ul>	
opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU). Does Not Meet Standard bover and ab recreation p space and re standard all this due to I and resource does not ince	ast inspection this was rated "Does Not ard." The Chief of licated detainees in ive Segregation are d opportunities to outside of their cell bove the required beriods due to limited esources. While the lows exception for limitations on space ces, the component clude this exception fore rated Does Not
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	
including weekends and holidays. Meets Standard segregated	pervisor visits each detainee daily, eekends and holidays.
18. The facility administrator (or designee) visits each SMU daily. Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	Meets Standard	This facility is an IGSA. A health care provider visits each detainee in segregation each day and questions each detainee concerning any medical problems or requests.
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	Detainees in the SMU are fed the same meals as the general population.
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	Meets Standard	Detainees in the SMU may shave and shower three times a week and receive other basic services on the same basis as the general population.
22.	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	Meets Standard	
23.	Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	Detainees in the SMU may write and receive letters the same as detainees in the general population.
24.	Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	Meets Standard	
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	Facility policy states that under no circumstances is a detainee permitted to participate in general visitation while in restraints.
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	Meets Standard	This facility is an IGSA. The facility policy does state that detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	Meets Standard	This facility is an IGSA. The facility does limit violent and disruptive detainees to non-contact visits and in extreme cases they are not permitted to visit.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	Facility policy states that legal visits will not be denied.
31.	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	Meets Standard	This component was rated "Does Not Meet Standard" during the last inspection because the facility had no policy and/or procedure for special security precautions to be taken on legal visits. Such policy and procedure are now in place.
32.	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	Facility policy allows members of the clergy to visit detainees in segregation.
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
34.	Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	Detainees in the SMU have access to the law library. They may request legal materials and those materials are printed from the Lexis Nexis and provided to the detainee in the SMU. Law library requests and requests for legal materials from their personal property must be met within 24 hours.
35.	Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	Meets Standard	Facility policy does allow legal materials to be brought into Administrative and Disciplinary Segregation upon approval of facility administrators.
36.	Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	Meets Standard	
37.	<ul> <li>Any denial of access to the law library is always:</li> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security, and</li> <li>Fully documented in the SMU housing logbook.</li> <li>ICE/DRO is notified every time law library access is denied.</li> </ul>	Meets Standard	
38.	Recreation for detainees in the SMU is separate from the general population.	Meets Standard	Detainees in the SMU recreate separate from general population detainees.
39.	The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	Meets Standard	The facility has policy to keep detainees who must be kept apart never to participate in activities in the same location at the same time.
40.	Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	Meets Standard	Facility policy states that the recreation privilege can only be denied or suspended if it would endanger safety or security. Any such denial is to be documented and reviewed by the Warden.
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	Meets Standard	
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	Meets Standard	Facility policy states that recreation denial of privileges for more than 15 days requires the concurrence of the Warden and the health authority. ICE is to be notified of such denials. There have been none in the past year.
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	Meets Standard	Detainees in Administrative Segregation have similar access to the telephones as those in the general population.

	Components	Rating	Remarks (1000 Char Max)
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.		
	A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.		
	If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.	Meets Standard	
	The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.		
	(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)		
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation.		
	A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.		
	If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I- 885.	Meets Standard	
	When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.		
	A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.		

101	Components	Pating	Bemarks (1000 Char May)
	Components	Rating	Remarks (1000 Char Max)
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	Meets Standard	Facility policy requires a copy of the decision and justification for each review and it is given to the detainee. The detainee may appeal a review to a higher authority in the facility.
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	Meets Standard	Facility policy allows detainees to appeal to the Warden the conclusions and recommendation of any review conducted.
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	Meets Standard	
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	Meets Standard	This component was rated as "Does Not Meet Standard" during the last inspection. The Warden has since begun notifying the Field Office Director of any detainee that has been held in Administrative Segregation for more than 30 days. A file of such notifications was reviewed during this inspection.
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	Meets Standard	
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	Meets Standard	This component was rated as "Does Not Meet Standard" during the last inspection. The Warden has since begun notifying the Field Office Director of any detainee that has been held in Disciplinary Segregation for more than 30 days. The Warden also now provides a justification for continued placement in Disciplinary Segregation. A file of such notifications was reviewed during this inspection.
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.	Meets Standard	

This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

	Components	Rating	Remarks (1000 Char Max)
55.	The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.		
	A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).		
	At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.	Meets Standard	
	The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.		
	All review documents are placed in the detainee's detention file.		

#### PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed facility policy, post orders, Administrative Segregation files, and Disciplinary Segregation files in review of this standard. Interviews were also conducted with the SMU Supervisor, a Shift Supervisor, and the Chief of Security. The Special Management Units were also toured on several occasions during this inspection and observations from those tours are part of this review. There were no detainees assigned to the SMU during this inspection.

During the last inspection the component concerning detainees having out-of-cell time other than required recreation periods was rated "Does Not Meet Standard". The Chief of Security indicated detainees in Administrative Segregation are not provided opportunities to spend time outside of their cell over and above the required recreation periods due to limited space and resources. The Standard was reviewed concerning this component. The Standard states: "When space and resources are available, detainees in Administrative Segregation MAY be provided opportunities to spend time outside their cells (in addition to the required recreation periods), for such activities as socializing, watching TV, and playing board games and MAY be assigned to work details (for example, as orderlies in the SMU). Therefore, due to limited space and resources the additional out of cell time is not provided.

The facility protects detainees, staff, contractors, volunteers, visitors, and the community from harm by segregating certain detainees from the general population in Special Management Units.

Overall	Rating:	Meets Sta	ndard
	0		

**Reviewer Name (Printed)** (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

#### PART 2 - 16. STAFF-DETAINEE COMMUNICATION (Key: P)

This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.

	Components	Rating	Remarks (1000 Char Max)
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	Meets Standard	
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	Meets Standard	
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	Meets Standard	The scheduled ICE visits were observed posted in the housing units.
4.	Visiting ICE staff observe and note current climate and conditions of confinement.	Meets Standard	
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	Meets Standard	The ICE Detainee Request Forms were available for detainee use during this inspection.
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	Meets Standard	
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	Meets Standard	Each of the housing units had secure boxes in which detainees could use to place their Detainee Request Forms.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	Meets Standard	
9.	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	Meets Standard	
10.	ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	Meets Standard	
11.	OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	Meets Standard	This is an IGSA. The Office of Inspector General (OIG) Hotline Informational posters were mounted in the housing units.
12.	Daily telephone serviceability checks are documented in the housing unit logbook.	Meets Standard	

#### PART 2 – 16. STAFF-DETAINEE COMMUNICATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

ICE staff makes weekly announced and unannounced visits to this facility. The climate of the units is noted by ICE staff and detainees interviewed indicated that they were treated well, that the telephones worked well, that they were able to access medical care and that the food was good and that they received adequate portions.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION – Reviewer Summary					
(Use following format for a	lates: mm/dd/yyyy)				
Overall Rating: Meets Standard					
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 7/12/2012				
Reviewer Signature (for printed form submission):					

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	PART 2 – 17. TOOL CONTROL (Key: Q)			
	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.			
opi	Components	Rating	Remarks (1000 Char Max)	
1.	<b>(MANDATORY)</b> There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The Armory Officer has responsibilities for developing a tool control procedure and an inspection system to insure accountability.	
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	Meets Standard	The maintenance warehouse/tool room is located within the secure perimeter of (b)(7)(e)	
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	Meets Standard	The facility has policy controlling the use of tools, keys, medical equipment, and culinary equipment.	
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	Meets Standard	The chit system is used in issuing tools at this facility. When a tool is issued; a chit is placed on the shadow board. In addition, the tool is signed out on a log.	
5.	<ul> <li>Tool inventories are required for:</li> <li>Facility Maintenance Department</li> <li>Medical Department</li> <li>Food Service Department</li> <li>Electronics Shop</li> <li>Recreation Department</li> <li>Armory</li> </ul>	Meets Standard	Tool inventories are required for the maintenance department, medical department, food service department, and the armory. There is not an electronics shop at this facility and the recreation department does not have tools.	
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	At this facility tool inventories are conspicuously posted on all tool boards, tool boxes, and in al tool kits.	

PART 2 – 17. TOOL CONTROL (Key: Q)		
This Detention Standard protects detainees, staff, contractors, a operations by maintaining control of tools, culinary utensils, and		
Components	Rating	Remarks (1000 Char Max)
<ul> <li>7. The facility has a policy for the regular inventory of all tools.</li> <li>The policy sets minimum time lines for physical inventory and all necessary documentation.</li> <li>ICE facilities use AMIS bar code labels when required.</li> </ul>	Meets Standard	
<ul> <li>8. The facility has a tool classification system. Tools are classified according to:</li> <li>Restricted (dangerous/hazardous)</li> <li>Non Restricted (non-hazardous).</li> </ul>	Meets Standard	The facility has classified tools as Class A (Restricted) and Class B (Non-Restricted)
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.	Meets Standard	Facility policy holds department heads responsible for implementing proper tool control procedures for their department.
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	
<ul> <li>11. The facility has an approved tool storage system.</li> <li>The system ensures that all stored tools are accountable.</li> <li>Tools are stored on shadow boards in which the shadows resemble the tool.</li> <li>Shadow boards have a white background.</li> <li>Restricted tools are shadowed in red.</li> <li>Non-restricted tools are shadowed in black.</li> <li>Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed.</li> </ul>	Meets Standard	The facility does have an approved tool storage system that ensures all tools are accountable. Tools are stored on shadow boards resembling the tool, with a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black.
12. Tools removed from service have their shadows removed from shadow boards.	Meets Standard	Facility policy directs staff to remove the shadows of tools that have been removed from service.
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	Meets Standard	At this facility tools not adaptable to a shadow board are stored in a locked drawer, cabinet, or some other secure manner.
14. Sterile packs are stored under lock and key.	Meets Standard	Sterile packs are stored under lock and key in the medical department.
15. Each facility has procedures for the issuance of tools to staff and detainees.	Meets Standard	

	PART 2 – 17. TOO	L CONTROL (Key: Q)	
	Detention Standard protects detainees, staff, contractors, rations by maintaining control of tools, culinary utensils, an		
	Components	Rating	Remarks (1000 Char Max)
16.	There are policies and procedures to address the issue of lost tools. The policy and procedures include:		
	Verbal and written notification.	Meets Standard	
	Procedures for detainee access.	Meets Standard	
	<ul> <li>Necessary documentation/review for all incidents of lost tools.</li> </ul>		
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	Meets Standard	
18.	All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	Meets Standard	
19.	Hoses longer than three feet in length are classified as a restricted tool.	Meets Standard	Facility policy classifies hoses and cords longer than three feet as a restricted tool.
20.	Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	Meets Standard	The intake officers use a plastic letter opener with small metal blades for opening envelopes instead of scissors. The letter opener is tethered to the counter.

# PART 2-17. TOOL CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed facility policy, post orders, and tool inventories in review of this standard. The Maintenance Supervisor, Training Manager, the Armory Officer and the Chief of Security were interviewed. The armory, maintenance tool room, the medical department, and food service tool storage area were observed during the inspection.

The facility has a tool control program that is effective in protecting detainees, staff, visitors, contractors, and volunteers from harm by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment and supplies.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 2 – 18. USE OF FORC		Key: R)
situ	s Detention Standard authorizes staff to use necessary phy ation have failed, and only for protection of self, detainees, o maintain the security and orderly operation of the facility.		
	Components	Rating	Remarks (1000 Char Max)
1.	(MANDATORY) The facility has a Use of Force Policy.	Meets Standard	The facility does have a Use of Force Policy.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	Meets Standard	Facility policy does allow staff to respond in an immediate use of force situation without a supervisor's presence or direction.
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	Meets Standard	
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	Meets Standard	
<b>5</b> . ●	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	Meets Standard	Confrontation Avoidance Procedures are part of facility policy. Policy also directs the ranking detention official to meet with a health care professional prior to any calculated use of force.
6.	<ul> <li>When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique.</li> <li>Under staff supervision.</li> </ul>	Meets Standard	
7.	Staff members are trained in the performance of the Use- of-Force Team Technique.	Meets Standard	
8.	All use-of-force incidents are documented and reviewed.	Meets Standard	Facility policy directs staff to prepare written reports on all uses of force. These reports are to be reviewed by facility administrators.
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	Meets Standard	

#### PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R) This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility. Components Rating Remarks (1000 Char Max) 10. Staff: Facility policy and post orders direct staff not to use force as • Does not use force as punishment. punishment, attempt to gain the Attempts to gain the detainee's voluntary cooperation detainee's voluntary cooperation before resorting to force before resorting to force, to use Uses only as much force as necessary to control the Meets Standard only the amount of force detainee. necessary to control the detainee, and to use restraints Uses restraints only when other non-confrontational only when other nonmeans, including verbal persuasion, have failed or are confrontational means have impractical. failed or are impractical. 11. Medication may only be used for restraint purposes when Facility policy states that authorized by the Medical Authority as medically medication will only be used necessary. Meets Standard after consultation between the facility Medical Authority and ICE/ERO. 12. (MANDATORY) Use-of-Force Teams follow written Facility policy directs Use of procedures that attempt to prevent injury and exposure Force Teams to use universal to communicable disease(s). precautions and other safety Meets Standard equipment to prevent injury and exposure to communicable diseases. 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the • temperature. A bed, mattress, and blanket/sheet. • Checking the detainee at least every 15 minutes. • Meets Standard (b)(7)e Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When gualified medical staff are not immediately available, staff position the detainee "face-up." 14. The shift supervisor monitors the detainee's position/condition every two hours. **Meets Standard** He/she allows the detainee to use the restroom at these times under safeguards. 15. All detainee checks are logged. Meets Standard

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R)		
This Detention Standard authorizes staff to use necessary phy situation have failed, and only for protection of self, detainees, of to maintain the security and orderly operation of the facility.		
Components	Rating	Remarks (1000 Char Max)
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	Meets Standard	Facility policy directs staff to contact medical staff in an immediate use of force situation immediately when the detainee is under control.
17. When the Facility Administrator authorizes use of non-lethal weapons:		Facility policy states that medical staff will be consulted by the
<ul> <li>Medical staff are consulted before staff use pepper spray/non-lethal weapons.</li> </ul>	Meets Standard	(b)(7)e Medical staff will review the
<ul> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>		detainee's medical chart.
<ol> <li>Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.</li> </ol>	Meets Standard	
<ol> <li>If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.</li> </ol>	Meets Standard	
<ul> <li>20. Special precautions are taken when restraining pregnant detainees.</li> <li>Medical personnel are consulted</li> </ul>	Meets Standard	Facility policy directs staff to take special precautions when restraining pregnant detainees and to consult with medical personnel.
21. Protective gear is worn when restraining detainees with open cuts or wounds.	Meets Standard	Facility policy directs staff to use protective gear when restraining detainees with open cuts or wounds.
22. Staff document every use of force, including what type of restraints was used during the incident.	Meets Standard	
23. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	Facility policy is that all use of force incidents and non-routine application restraints are reviewed up through the Warden.
<ul> <li>24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.</li> <li>Specialized training is given to officers ensuring they are certified in all devices approved for use.</li> </ul>	Meets Standard	
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	Meets Standard	

#### PART 2 - 18. USE OF FORCE AND RESTRAINTS (Key: R)

This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.

	Components	Rating	Remarks (1000 Char Max)
26.	The use of canines is restricted to contraband detection purposes only.	N/A	The facility does not use canines.
27.	The officers are thoroughly trained in the use of soft and hard restraints.	Meets Standard	
28.	In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	Meets Standard	This facility is an IGSA. The facility uses a form equivalent to the Use of Force form.

#### PART 2 – 18. USE OF FORCE AND RESTRAINTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed facility policy, post orders and training rosters in review of this standard. The inspector also interviewed the Training Manager and the Chief of Security.

The facility authorizes staff to use force necessary, only after all reasonable efforts to otherwise resolve a situation have failed, and only for the protection of self or others, for the prevention of escape, or serious property damage, or to maintain the security and orderly operation of the facility.

(b)(7)e

The facility does not utilize (b)(7)e or canines.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

# Section III ORDER

**Disciplinary System** 

Page **70** of **151** FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

	Components	Rating	Remarks (1000 Char Max)
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	Meets Standard	The facility does have a written disciplinary system with progressive levels of review and appeals.
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	Meets Standard	Facility policy does specifically state that disciplinary actions shall not be capricious or retaliatory.
3.	<ul> <li>Written rules prohibit staff from imposing or permitting the following sanctions:</li> <li>corporal punishment</li> <li>deviations from normal food service</li> <li>clothing deprivation</li> <li>bedding deprivation</li> <li>denial of personal hygiene items</li> <li>loss of correspondence privileges</li> <li>deprivation of legal access and legal materials</li> <li>deprivation of physical exercise</li> <li>The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.</li> </ul>	Meets Standard Meets Standard	The facility rules of conduct, sanctions, and procedures for violations are well defined in writing and communicated to al detainees verbally during
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:		orientation and in writing through the detainee handbook
	<ul> <li>Rights and Responsibilities</li> <li>Prohibited Acts</li> <li>Disciplinary Severity Scale</li> <li>Sanctions</li> </ul>	Meets Standard	
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	Meets Standard	Facility policy encourages informal resolutions to minor rule violations when possible.

#### PART 3 – 19. DISCIPLINARY SYSTEM (Key: S) This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not. Rating Components Remarks (1000 Char Max) 7. Incident Reports and Notice of Charges are promptly Facility policy directs staff to forwarded to the designated supervisor. promptly forward completed Meets Standard Incident Reports and Notice of Charges to the Chief of Security. 8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or Meets Standard equivalent does not convene before investigations end. 9. An intermediate disciplinary process is used to adjudicate The facility uses an intermediate minor infractions. Meets Standard process to adjudicate minor rule violations. 10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC • Considers written reports, statements, physical Meets Standard evidence, and oral testimony Hears pleadings by detainee and staff representative Bases its findings on the preponderance of evidence Imposes only authorized sanctions • 11. A staff representative is available if requested for a Facility policy states that a staff detainee facing a disciplinary hearing representative will be appointed Meets Standard to assist a detainee facing a disciplinary hearing if requested. 12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Meets Standard Reasons are documented. 13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time Meets Standard in disciplinary segregation does not exceed 60 days for a single offense. 14. Written procedures govern the handling of confidential-There are written procedures source information. Procedures include criteria for governing the handling of recognizing "substantial evidence". Meets Standard confidential source information as not to jeopardize the safety of the confidential informant.

#### PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The inspector reviewed facility policy, the detainee handbook, and disciplinary files in review of this standard. In addition, the SMU Supervisor and the Chief of Security were interviewed.

The facility has an effective disciplinary system that promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

# Section IV CARE

Food Service Hunger Strikes Medical Care Personal Hygiene Suicide Prevention and Intervention Terminal Illness, Advance Directives, and Death

	<b>PART 4 – 20. FOOD SERVICE</b> (Key: T)				
	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.				
	Components	Rating	Remarks (1000 Char Max)		
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	Meets Standard	The facility food service department is operated through a contract service with Trinity Services Group. The Food Service Director is Serv-Safe certified. The duties and responsibilities of staff are documented.		
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	Meets Standard	The facility maintains(b)(7)(efood service staff members. A food service supervisor is on duty anytime the food service department is in operation.		
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	Meets Standard	The facility provides food service staff with initial training that includes detainee-related issues. They also review the ICE Food Service Standard.		
4.	<b>(MANDATORY)</b> Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	Meets Standard	The facility maintains a metal lockable knife cabinet secured on (b)(7)(e) (b)(7)e Knives are not used; the facility only provides dough cutters.		
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	Meets Standard	The facility does not utilize knives. Two dough cutters are available for use as cutting instruments; they are not secured to workstations during use. Facility staff monitors their use and condition.		
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	Meets Standard	The facility identifies sugar as a food item that may pose a security threat. It is inventoried and secured separately.		
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	Meets Standard	The facility requires security staff to conduct daily searches of detainee work areas. Food service staff conduct visual observations.		

<b>PART 4 – 20. FOOD SERVICE</b> (Key: T)				
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.				
Components	Rating	Remarks (1000 Char Max)		
8. The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	Meets Standard	Facility security staff conduct daily population counts in the food service department. Food service staff visually observes the count procedure.		
9. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	Meets Standard	Facility food service staff monitor detainee workers daily for health and cleanliness. Visual observations are noted in the food service daily logbook.		
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Meets Standard	The facility Food Service Director maintains the annual review of detainee job descriptions.		
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	Meets Standard			
<ul> <li>12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates:</li> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>	Meets Standard	The facility food service department maintains comprehensive training documentation for each detainee assigned to the department. It includes safe work practices, safety instructions for food service equipment and hazardous material training.		
13. The Cook Foreman documents all training in individual detainee detention files.	Meets Standard			
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	Meets Standard	This is an IGSA. The facility allows ICE detainees to work; they are paid \$2.00 per day in the food service department.		
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	Facility meal times are breakfast at 5:00 AM, lunch at 10:00 AM and evening meal at 4:15 PM.		
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	N/A	The facility does not utilize a cafeteria operation. Feeding is in the housing area.		
<ol> <li>The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.</li> </ol>	Meets Standard	The facility utilizes a 35-day cycle menu.		

# PART 4 – 20. FOOD SERVICE (Key: T)

his Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a anitary and hygienic food service operation.		
Components	Rating	Remarks (1000 Char Max)
18. <b>(MANDATORY)</b> A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	Meets Standard	The facility's contract food service provider has a registered dietitian on staff, who conducts a nutritional analysis to ensure the master menu meets Recommended Daily Allowances.
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	The facility utilizes approved recipes for the preparation of meals on the master-cycle.
<ul> <li>20. The Cook Foreman has the authority to change menu items if necessary.</li> <li>If yes, documenting each substitution, along with its justification, with copy to the FSA</li> </ul>	Meets Standard	The food service department maintains acceptable substitution guidelines which staff must adhere to when making menu changes. The facility Food Service Director is notified of any substitutions.
21. All staff and volunteers know and adhere to written "food preparation" procedures.	Meets Standard	
<ul> <li>22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main.</li> <li>Changes to the planned Common Fare menu can be made at the facility level.</li> <li>Hot entrees are offered three times a week.</li> <li>The Common Fare menus satisfy nutritional recommended daily allowances (RDAs).</li> <li>Staff routinely provide hot water for instant beverages and foods. <ul> <li>Common Fare meals are served with:</li> <li>Disposable plates and utensils.</li> <li>Reusable plates and utensils.</li> </ul> </li> <li>Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items.</li> </ul>	Meets Standard	The facility maintains an approved common fare menu that adheres to the Recommended Daily Allowances and requirements established in this component.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	The facility Chaplain provides the Food Service Director a listing of authorized detainee religious diets.
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	Meets Standard	The facility chaplain approves the removal of a detainee from the common fare program.

PART 4 – 20. FOOD SERVICE (Key: T) This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.			
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	Meets Standard		
<ul> <li>26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year.</li> <li>Muslims fasting during Ramadan receive their meals after sundown.</li> </ul>		The food service program maintains a common fare program to accommodate	
<ul> <li>Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher- for- Passover meals as those who do participate.</li> </ul>	Meets Standard	religious requests. It will support Muslims, Jews and other religious groups if they are housed at the facility.	
<ul> <li>Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.</li> </ul>			
27. The food service program addresses medical diets.	Meets Standard	The medical department provides a listing of detainees requiring medical diets.	
28. Satellite-feeding programs follow guidelines for proper sanitation.	Meets Standard		
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	Meets Standard	Food temperatures were visually observed during the site review; they were maintained within the prescribed safe range.	
30. All meals provided in nutritionally adequate portions.	Meets Standard		
31. Food is not used to punish or reward detainees based upon behavior.	Meets Standard		
<ul> <li>32. The food service staff instruct detainee volunteers on:</li> <li>Personal cleanliness and hygiene;</li> <li>Sanitary techniques for preparing, storing, and serving food, and;</li> <li>The sanitary operation, care, and maintenance of equipment.</li> </ul>	Meets Standard	Detainee workers are trained on cleanliness, hygiene, food preparation and maintenance of equipment. The training is recorded and maintained by the Food Service Director.	
<ol> <li>Everyone working in the food service department complies with food safety and sanitation requirements.</li> </ol>	Meets Standard		
34. <b>(MANDATORY)</b> The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	Meets Standard	The facility has established procedures for the Food Service Director to make weekly inspections. Monthly inspections are conducted by the Food Service Director, Safety Officer and Maintenance Supervisor.	
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	Meets Standard		

PART 4 – 20. FOOD SERVICE (Key: T) This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.			
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	Meets Standard	Food service staff document dishwashing temperatures after each meal. The documentation is reviewed and maintained by the Food Service Director.	
37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	Meets Standard	Food service staff document refrigerator/freezer temperatures daily. The documentation is reviewed and maintained by the Food Service Director.	
38. The cleaning schedule for each food service area is conspicuously posted.	Meets Standard	The food service cleaning schedule is posted in the food service department.	
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	Meets Standard		
40. Storage areas are locked when not in use.	Meets Standard	Storage areas were locked during the site review of the food service department.	
41. Food service personnel conduct shakedowns along with detention staff.	Meets Standard	Food service staff conduct visual inspections; security staff conduct physical inspections.	
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	N/A	This facility is an Intergovernmental Service Agreement Facility (IGSA). It utilizes a satellite feeding program.	
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	Meets Standard		
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	N/A	The facility is an IGSA. The Food Service Director does not conduct quarterly cost estimates of the common fare program.	
45. When required, only food service staff prepare the sack lunches for detainee transportation.	Meets Standard	The facility food service department supplies sack lunches when requested.	
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	Meets Standard		
47. Staff comply with the ICE requirements for "food receipt and storage.	Meets Standard		
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	Meets Standard		

PART 4 – 20. FOOD SERVICE (Key: T)				
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a				
sanitary and hygienic food service operation.				
Components	Rating	Remarks (1000 Char Max)		
<ol> <li>Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.</li> </ol>	Meets Standard			
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	Meets Standard	The facility has a satellite feeding operation. Detainees are allowed to eat in their respective housing areas. The atmosphere during meals appeared to be relaxed.		
<ul> <li>51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.</li> <li>Corrective action is taken on deficiencies, if any.</li> </ul>	Meets Standard	The Georgia Department of Community Health conducts semi-annual inspections of the facility food service department. The last inspection was conducted February 24, 2012.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	Meets Standard			
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	Meets Standard			
54. <b>(MANDATORY)</b> The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	Meets Standard	Pest control services are provided through a contract with Duncan Exterminating Company, Gainesville, GA.		

#### PART 4 – 20. FOOD SERVICE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The food service department is operated through a contract with Trinity Services Group, which maintains detention contracts throughout the nation. It is designed to provide detainees with a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic operation. During the facility site review, food service operations were displayed in a clean and organized operation. The facility has trained staff on the detention standard and maintaining a consistent operation with documentation to support the food service function. Food items are prepared to be nutritionally adequate and presented in a manner designed to be visually appealing.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

PART 4 – 21. HUNGER STRIKES (Key: U) This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.			
<ol> <li>When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.</li> </ol>	Meets Standard	Policy requires staff to refer a hunger striker to medical personnel when a detainee has reported or been observed not eating for 72 hours, or less.	
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	Meets Standard	The facility immediately notifies ICE of a hunger striker.	
<ol> <li>The facility has established procedures to ensure staff respond immediately to a hunger strike.</li> </ol>	Meets Standard	Procedures require staff to respond immediately to a hunger striker.	
4. Policy and procedure require that staff isolate a hunger- striking detainee from other detainees.	Meets Standard	Policy and procedure require the hunger striker to be placed in a medical observation cell.	
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	Meets Standard	Medical personnel are authorized to place a detainee in a locked hospital room.	
<ol> <li>Medical staff record the weight and vital signs of a hunger- striking detainee at least once every 24 hours.</li> </ol>	Meets Standard	The hunger striker's weight and vital signs are recorded at least daily.	
<ol> <li>The facility medical authority obtains a hunger striker's consent before medical treatment.</li> </ol>	Meets Standard	The hunger striker's consent is sought before any medical treatment is provided.	
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	Meets Standard	A signed Refusal of Treatment form is requested from the detainee who rejects medical treatment.	
9. Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	Meets Standard	Each scheduled meal is delivered to the hunger striker.	
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	Meets Standard	An adequate supply of drinking water is provided.	
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	Meets Standard	All commissary food items are removed from the hunger striker's cell.	
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	Meets Standard	Staff is required to document the hunger striker's food and fluid intake.	
13. The medical staff have written procedures for treating hunger strikers.	Meets Standard	Policy and procedures are available for treating hunger strikers.	

PART 4 – 21. HUNGER STRIKES (Key: U)				
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.				
Components         Rating         Remarks (1000 Char Max)				
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	Meets Standard	Staff must explain the future course of treatment and make efforts to convince the detainee to voluntarily end the hunger strike.		
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	All staff receives training on hunger strike identification and referral. Medical staff remains up-to-date on these techniques.		

PART 4 – 21. HUNGER STR	RIKES – Reviewer Summary
(Use following format j	for dates: mm/dd/yyyy)
Overall Remarks: (Record significant facts, observations, other	r sources used, etc.) (5000 Character Max)
There have been no detainee hunger strikes at the facility since	e the last review.
For stitute and the second	
Facility policy and procedure on hunger strikes is comprehensive	ve.
Facility policy and procedure on hunger strikes is comprehensiv Overall Rating: Meets Standard	ve.

	PART 4 – 22. MEI	DICAL CARE (Key: V)			
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.				
	Components	Rating	Remarks (1000 Char Max)		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	Meets Standard	The facility operates in compliance with State of Georgia and Hall County laws and regulations. It is accredited by the American Correctional Association (ACA).		
2.	The facility's in-processing procedures of arriving detainees include medical screening.	Meets Standard	Nurses perform medical screenings on all arriving detainees.		
3.	<b>(MANDATORY)</b> The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	Meets Standard	Staffing is adequate to provide services and includes(b)(7) health services administrator(b)(7)(e) registered nurses(b)(7)(e) practical nurses(b)(7)(e) art-time physician(b)(7)(part time dentist and dental assistant(b)(7)(part) practitioner(b)(7)(part) medical assistant,(b)(7)(part) medical assistant,(b)(7)(part) records clerk,(b)(7)(part) clinician and(b)(7)(part) psychiatrist. The staffing plan is reviewed annually.		
4.	<b>(MANDATORY)</b> Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	Meets Standard	New detainees receive information about access to health care orally from the intake nurse and in writing in the detainee handbook, which is in English and Spanish.		
5.	Detainees will have access to and receive specified 24- hour emergency medical, dental, and mental health services.	Meets Standard	Medical personnel are on site 24 hours per day, seven days per week. Off-site emergency medical, dental, and mental health services are available.		
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	Meets Standard	A sampling of employee personnel records demonstrated annual tuberculosis (TB) testing and acceptance of the hepatitis B vaccine series.		
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	Meets Standard	All medical staff licenses and certifications are current. Job descriptions are available.		

	PART 4 – 22. MEI	DICAL CARE (Key: V)			
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.				
	Components	Rating	Remarks (1000 Char Max)		
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	Meets Standard	Information on how to access health care services is provided in the detainee handbook in English and Spanish.		
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	Meets Standard	This is an IGSA. The credentialing process includes verification, through the appropriate primary sources of the individual's professional education, training, licensure, certification and review of health status, previous experience, clinical privileges, professional references, malpractice history, criminal history and adverse licensing board actions. Before making recommendations about a provider's ability to provide care, all information obtained through the credentialing process will be carefully reviewed and considered before employment and privilege decisions are made.		
10.	<ul> <li>Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function.</li> <li>When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.</li> </ul>	Meets Standard	Medical personnel provide medical, dental and mental health screening to all new detainees during the intake process.		
11.	<b>(MANDATORY)</b> If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	Meets Standard	A contract with "Language Line" provides translation services for medical and security personnel.		
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	Meets Standard	The facility has sufficient space and equipment as described in the Remarks section below.		
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	Meets Standard	The medical facility is a restricted access area within a secure perimeter.		
14.	The medical facility entrance includes a holding/waiting room.	Meets Standard	There is a waiting area at the entrance of the medical facility.		
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	Meets Standard	Custodial staff directly supervises the area.		

	PART 4 – 22. MEI	DICAL CARE (Key: V)			
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.				
	Components	Rating	Remarks (1000 Char Max)		
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	Meets Standard	Detainees in the waiting area have access to a toilet and drinking fountain.		
17.	<ul> <li>Medical records are kept apart from other files. They are:</li> <li>Secured in a locked area within the medical unit.</li> <li>With physical access restricted to authorized medical staff.</li> <li>Procedurally, no copies made and placed in detainee files.</li> </ul>	Meets Standard	The facility uses an electronic medical record, with access restricted to medical personnel.		
18.	<b>(MANDATORY)</b> A signed and dated consent form is obtained from a detainee before medical treatment is administered.	Meets Standard	A general consent form is signed by each detainee on admission.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	Meets Standard	Detainees use the Authorization for Release of Protected Health Information form.		
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	Meets Standard	Per the Health Services Administrator (HAS), the facility is given advance notice of transfer or removal of a detainee.		
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	Meets Standard	Per the HSA, appropriate medical records along with a transfer summary are transferred.		
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A- number and marked "MEDICAL CONFIDENTIAL."	Meets Standard	Medical records are placed in a sealed envelope labeled with the detainee's name and A-number and marked "medical confidential".		
23.	Medical screening includes a Tuberculosis (TB) test.	Meets Standard	All detainees receive a tuberculosis (TB) test via chest x- ray on arrival.		
	<ul> <li>All detainees receive a mental-health screening upon arrival. It is conducted:</li> <li>By a health care provider or specially trained officer;</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>	Meets Standard	All detainees receive a mental- health screening on arrival, performed by medical personnel and before assignment to a housing unit.		
25.	The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.	Meets Standard	Medical personnel conduct all health screening, which is reviewed immediately.		

	PART 4 – 22. MEDICAL CARE (Key: V) This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.			
	Components	Rating	Remarks (1000 Char Max)	
26.	<b>(MANDATORY)</b> Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	Meets Standard	Each detainee receives a health appraisal within 14 days of arrival.	
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	Meets Standard	During the inspection there were no detainees in the special management unit (SMU). By policy, detainees receive the same level of health care as those in general population. Medical personnel make rounds in the SMU which are documented in the security log book and on door sheets which are filed in the detainee's detention file.	
28.	<ul> <li>Staff provide detainees with health- services (sick call) request slips daily, upon request.</li> <li>Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population.</li> <li>Service-request slips are delivered in a timely fashion to the health care provider.</li> </ul>	Meets Standard	Sick call request slips, in English and Spanish, are available in the housing units. Slips are placed in a locked box with access limited to medical personnel, and are retrieved daily.	
29.	<b>(MANDATORY)</b> The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	Meets Standard	The facility has 24 hour per day medical staff. The plan for delivering emergency health care is contained in Medical Emergency Response.	
30.	The plan includes an on-call provider.	Meets Standard	A physician is on-call 24 hours per day.	
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	Meets Standard	Hall County Emergency Services, via 911, is the ambulance service. Northeast Georgia Health System is the hospital used for emergencies.	
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	Meets Standard	The plan addresses safety and security during an emergency.	

	PART 4 – 22. MEI	DICAL CARE (Key: V)		
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.			
	Components	Rating	Remarks (1000 Char Max)	
33.	<b>(MANDATORY)</b> Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	Meets Standard	Per training records, all staff receive training in emergency response, first aid, cardiopulmonary resuscitation, and use of the automated external defibrillator, on initial orientation and annually.	
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.	N/A	Only medical staff distribute medications.	
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	Meets Standard	Medications are stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	
36.	<ul> <li>procedures for the management of pharmaceuticals that include:</li> <li>A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.</li> <li>A method for obtaining medicines not on the formulary.</li> <li>Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed.</li> <li>Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.</li> <li>Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.</li> </ul>	Meets Standard	Facility policy and procedure address formulary and non- formulary drug use; prescription practices, procurement, receipt, distribution and disposal of medications; and secure storage of controlled substances and needles.	
37.	<ul> <li>All pharmaceuticals are stored in a secure area with the following features:</li> <li>A secure perimeter;</li> <li>Access limited to authorized medical staff (never detainees);</li> <li>Solid walls from floor to ceiling and a solid ceiling;</li> <li>A solid core entrance door with a high security lock (with no other access); and</li> <li>A secure medication storage area.</li> </ul>	Meets Standard	Pharmaceuticals are stored in the medication room which has a secure perimeter with access limited to authorized medical staff. The pharmacy has solid walls and ceiling (above a drop ceiling) and a secure entrance door. There is a secure medication storage area in the pharmacy.	

	<b>PART 4 – 22. MEDICAL CARE</b> (Key: V)			
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and nealth education, so that their health care needs are met in a timely and efficient manner.			
	Components	Rating	Remarks (1000 Char Max)	
38.	<ul> <li>In SPCs and CDFs, the pharmacy has a locking pass- through window.</li> <li>Administration and management in accordance with state and federal law.</li> <li>Supervision by properly licensed personnel.</li> <li>Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.</li> <li>Accountability for administering or distributing medications in a timely manner and according to physician orders.</li> </ul>	Meets Standard	This is an IGSA. There is no locking pass-through window. The facility uses satellite pill call. That is, medications are distributed on the housing units. Medications are administered and managed in accordance with state of Georgia and federal law. Licensed personnel supervise the administration of medications by properly trained personnel who are held accountable for timely and correct administration.	
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	Meets Standard	Medications are distributed in accordance with provider order. Electronic medication records are used to document medication distribution.	
40.	<ul> <li>Medication may not be delivered or administered by detainees.</li> <li>In facilities that are medically staffed 24 hours a day, the health care provider distributes medication.</li> <li>In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty.</li> </ul>	Meets Standard	Detainees do not deliver or administer medications. The facility is medically staffed 24 hours per day. Only medical personnel distribute mediations.	
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.	N/A	Only medical staff distributes medications.	
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	Meets Standard	Facility policy requires notification of a detainee with special medical needs. In addition, there is a Special Needs Committee that meets at least quarterly to review detainees with special needs.	
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	Meets Standard	There are procedures in place for examinations by independent medical service providers and experts.	

	PART 4 – 22. MEDICAL CARE (Key: V)			
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.			
	Components	Rating	Remarks (1000 Char Max)	
44.	(MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include:		The facility has written plans that address the management of infectious diseases. The plans include reporting to and coordinating with outside agencies; educating staff and	
	<ul> <li>Coordination with public health authorities;</li> </ul>		detainees; control, treatment, and prevention strategies;	
	<ul> <li>Ongoing education for staff and detainees;</li> </ul>	Meets Standard	protecting confidentiality; media	
	<ul> <li>Control, treatment, and prevention strategies;</li> </ul>		guidelines; and management of	
	<ul> <li>Protection of individual confidentiality;</li> </ul>		diseases including tuberculosis, hepatitis A, B, and C, HIV	
	Media relations;		infection, avian influenza, and	
	<ul> <li>Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and</li> </ul>		varicella. Communicable disease reporting is made to the Georgia	
	• Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations.		Department of Human Resources.	
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	Meets Standard	Detainees are medically isolated as clinically indicated.	
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	Meets Standard	Newly arriving detainees are screened for TB with a chest x- ray. They are screened before housing decisions are made.	
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	Meets Standard	The facility has one negative air flow isolation room which is used for detainees with symptoms suggestive of TB.	
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	Meets Standard	Emergency and routine ambulance services are available, as is transportation by car.	
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	Meets Standard	As demonstrated in medical records, treatment plans are developed individually for those with special needs at the time the condition is identified.	

	PART 4 – 22. MEI	DICAL CARE (Key: V)		
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.			
	Components	Rating	Remarks (1000 Char Max)	
50.	<b>(MANDATORY)</b> Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	Meets Standard	As demonstrated in medical records, female detainees are tested for pregnancy on admission. All obstetric care is provided at the North East Georgia Medical Center.	
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	Meets Standard	As demonstrated in medical records, the chronic conditions of detainees will be managed by their assigned primary care providers to ensure that care is being provided per guidelines.	
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	Meets Standard	The Warden receives notice when a detainee's special medical or mental health needs impacts housing, transfer or transportation decisions.	
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	Meets Standard	The dentist is on-site 16 hours per week and is on-call for emergencies.	
54.	<b>(MANDATORY)</b> Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	Meets Standard	All detainees, not just those screening positive on the initial mental health screen, receive a mental evaluation within 14 days of admission. Referred detainees are seen within one to two days.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	Meets Standard	Crisis intervention services are available for detainees in a mental health crisis.	
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	Meets Standard	Medical and mental health encounters are conducted in settings that provide for detainee privacy. Female detainees are provided with female escorts when being seen by male providers.	
57.	<b>(MANDATORY)</b> Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	Meets Standard	At this facility, all detainees receive a mental health screening on admission and a comprehensive mental health evaluation within 14 days of admission.	

	<b>PART 4 – 22. MEDICAL CARE</b> (Key: V)			
	Detention Standard ensures that detainees have access to			
near	Components       Rating       Remarks (1000 Char Max)			
50	Components	Rating	Remarks (1000 Char Max)	
58.	<ul> <li>(MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify:</li> <li>The conditions under which restraints may be applied;</li> </ul>		Restraints for medical or mental health purposes are authorized	
	<ul> <li>The types of restraints to be used;</li> </ul>		only by a qualified health care provider, specifying the	
	<ul> <li>How a detainee in restraints is to be monitored;</li> </ul>	Meets Standard	conditions for use, type of	
	<ul> <li>The length of time restraints are to be applied;</li> </ul>	Meets Standard	restraint, duration, monitoring	
	<ul> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> </ul>		and documenting of the restraint use. Policy also requires an after- incident review and appropriate	
	After-incident review.		documentation.	
	• The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form.			
59.	<ul> <li>(MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:</li> <li>Specify the duration of therapy;</li> </ul>		The involuntary administration of psychotropic medications requires the physician to specify the reason for and duration of the therapy; requires the HSA to	
	<ul> <li>Obtain an order authorizing the administration of the drug from a Federal District Court.</li> </ul>		notify ICE who in turn will notify the Chief Counsel to request a court order; specify medication,	
	<ul> <li>Document that less restrictive intervention options have been exercised without success;</li> </ul>	Meets Standard	dosage and possible side effects; document less restrictive	
	<ul> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>		options; order how it is to be administered; monitor the detainee for adverse reactions and side effects; and prepare treatment plans for less	
			restrictive alternatives.	
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	Meets Standard	A dental screening exam is performed during admission screening.	
61.	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	Meets Standard	The HSA and the Facility Administrator determine contents, number, locations, use, and inspection of first aid kits.	
62.	An automatic external defibrillator should be available for use at the facility.	Meets Standard	There are two automated external defibrillators at the facility.	

	PART 4 – 22. MEDICAL CARE (Key: V)			
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.			
	Components	Rating	Remarks (1000 Char Max)	
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	Meets Standard	ICE is immediately notified when a detainee refuses treatment for a serious health issue.	
64.	In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.	Meets Standard	This is an IGSA. The HSA reports she meets with the Warden at least once per month.	
65.	<b>(MANDATORY)</b> Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	Meets Standard	The facility contracts with Stericycle for biohazardous waste storage and removal. The dental suite contains an autoclave for sterilizing equipment and is tested weekly.	
66.	<b>(MANDATORY)</b> The health authority will implement a system of internal review and quality assurance.	Meets Standard	Currently, the HSA reports ongoing intake process review and foot fungus treatment, education and sanitation.	

#### PART 4 – 22. MEDICAL CARE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

This facility was ACA accredited on January 31, 2011.

The Health Services Unit is a compact space containing two offices, two exam rooms, a medication room, and an open area in the center containing the officer's station. In addition, there are two secure cells in the area: one a negative air flow cell, and the other a medical watch cell. There is a dental suite, medical records room and waiting areas. There is also an exam room and radiology room (x-ray) located in the intake area.

During the inspection, 15 detainee medical records were reviewed. All 15 detainees received medical and mental health screening on admission as well as tuberculosis testing via chest x-ray. All records contained consent to treatment forms that were obtained on admission. All 15 records indicated that physical examination was completed and timely. Pregnancy testing was evident. All records contained a comprehensive mental health evaluation. In eight of the records, a chronic disease was noted and was being followed appropriately with care plans and chronic disease visits.

In interview, several detainees reported receiving chest x-rays on admission as well as physical examinations. They also reported knowing the process to request health care and stated their health care needs were being met.

There are no co-payment fees charged for health care services.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

# PART 4 – 23. PERSONAL HYGIENE (Key: W)

This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

	Components	Rating	Remarks (1000 Char Max)
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	Meets Standard	Inmate/Resident Property Policy addresses this component. The supply on hand exceeds the minimum required.
2.	<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:</li> <li>One uniform shirt and one pair of uniform pants or one jumpsuit.</li> <li>One pair of socks.</li> <li>One pair of underwear (daily change).</li> <li>One pair of facility-issued footwear.</li> </ul>	Meets Standard	All new detainees receive four shirts and four pants; four pairs of socks; four pairs of underwear, including bras for females; four t- shirts; one pair of shoes; and one pair of shower shoes.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	Meets Standard	Coats/jackets are seasonably available.
4.	<ul> <li>New detainees are issued clean bedding, linens and towels, at a minimum:</li> <li>One mattress</li> <li>One blanket</li> <li>Two sheets</li> <li>One pillow</li> <li>One pillowcase</li> <li>One towel</li> <li>Additional blankets, based on local weather conditions.</li> </ul>	Meets Standard	In addition to the bulleted items, detainees are issued a washcloth and a laundry bag.
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	Meets Standard	The facility issues soap, toothpaste, toothbrushes, combs and other items including feminine hygiene products. These items are reissued as needed.
6.	<ul> <li>Toilet facilities are:</li> <li>Clean</li> <li>Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets.</li> </ul>	Meets Standard	Toilet facilities are clean, can be used independently and meet or exceed ACA Expected Practice.

PART 4 – 23. PERSONAL HYGIENE (Key: W)			
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.			
Components         Rating         Remarks (1000 Char Max)			
7. Bathing facilities are:			

<ul> <li>Clean</li> <li>Operable with temperatures between 100 and 120 degrees Fahrenheit.</li> <li>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</li> <li>ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.</li> </ul>	Meets Standard	Bathing facilities are clean and operate at temperatures between 100 and 101 degrees.
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	Meets Standard	Facilities are available for detainees with disabilities.
<ul> <li>9. Detainees are provided clean clothing, linen and towels.</li> <li>Socks and undergarments - daily.</li> <li>Outer garments - twice weekly.</li> <li>Sheets - weekly.</li> <li>Towels - weekly.</li> <li>Pillowcases - weekly.</li> </ul>	Meets Standard	Detainees are provided clean clothing, linen and towels as listed. Laundry schedules allow for adequate clothing and linen exchanges.
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.	Meets Standard	Food service detainee workers are expected to exchange outer garments daily.
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	Meets Standard	Volunteer detainee workers are permitted to exchange outer garments when necessary.

#### PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Detainees are provided with adequate, clean clothing, bedding, and linens, as observed.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)		
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.		
Components	Rating	Remarks (1000 Char Max)
1. The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	Meets Standard	The Suicide Management policy addresses this component.
<ul> <li>2. At a minimum, the Program shall include procedures to address: <ul> <li>Intake screening and referral requirements;</li> <li>The identification and supervision of suicide-prone detainees;</li> <li>Staff training requirements;</li> <li>The management and reporting of suicidal incidents, suicide watches, and deaths;</li> <li>Provision of safe housing for suicidal detainees;</li> <li>Debriefing of any suicides and suicide attempts by administrative, security, and health services staff;</li> <li>Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.;</li> <li>Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior.</li> </ul> </li> </ul>	Meets Standard	The program addresses initial identification and screening, reporting, training, management of suicide attempts, safe housing/supervision, downgrading and discontinuation, and reporting requirements.
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	Meets Standard	All staff is trained on initial orientation and annually on suicide prevention, as documented in training files.
<ul> <li>4. Training prepares staff to:</li> <li>Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Effective communication between correctional and health care personnel,</li> <li>Necessary referral procedures,</li> <li>Housing observation and suicide-watch level procedures,</li> <li>Follow-up monitoring of detainees who have already attempted suicide, and</li> <li>Reporting and written documentation procedures.</li> </ul>	Meets Standard	Training prepares staff to identify behaviors and precipitating factors, response to and referral of the suicidal detainee, and observation, interaction, and documentation of behaviors.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)		
This Detention Standard protects detainees' health and well be	• • • •	
signs and situations of risk and to intervene with appropriate se		
Components	Rating	Remarks (1000 Char Max)
<ul> <li>5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</li> <li>Screening does not occur later than one working day after the detainee's arrival.</li> <li>Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority.</li> </ul>	Meets Standard	Medical personnel screen all new detainees for suicide potential or arrival.
<ol> <li>Written procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed.</li> </ol>	Meets Standard	Suicide Management policy contains procedures for referring suicidal detainees to medical personnel.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.	Meets Standard	Downgrading and discontinuation of suicide watch is addressed.
8. The facility has a designated isolation room for evaluation and treatment.	Meets Standard	There is one designated isolation cell located in the Health Services Area.
<ol> <li>The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.</li> </ol>	Meets Standard	The suicide watch cell has a few very slightly protruding items on the wall (e.g., mirror). There is a one-piece stainless toilet/sink. The ceiling is high and unreachable. There is a molded plastic bed bolted to the floor.
10. Medical staff have approved the room for this purpose.	Meets Standard	Medical staff has approved the room for suicide watches.
<ol> <li>Staff observe and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation.</li> </ol>	Meets Standard	Staff is required to observe and document the status of a suicide watch at least once every 15 minutes. The HSA reports that should there be a suicide watch; the detainee would be under constant observation.
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	Meets Standard	The facility has 24-hour medical staff. Detainees on suicide watch are observed at least every 15 minutes and may be under constant observation. Since the last review, medical staff is required to perform a check every two hours and make note of that check in the medical record.

### PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)

This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.

Components	Rating	Remarks (1000 Char Max)
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance	Meets Standard	The facility administrator would immediately notify ICE of any suicidal detainee.
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	Meets Standard	Serious suicide attempts or completed suicides require a mortality review and critical incident debriefing.

#### PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

There have been no suicide attempts or suicides at the facility since the last review.

Suicide prevention and intervention policies are comprehensive as is training. Training prepares staff to identify behaviors and precipitating factors, how to respond to and refer the suicidal detainee, and observation, interaction, and documentation of behaviors.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Y)				
an	This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.				
Cli	Standard N/A Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")				
	Components	Rating	Remarks (1000 Char Max)		
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	Meets Standard	The facility does not normally accept terminally ill detainees. Should a detainee become terminally ill while at the facility, he/she would be transferred to a more appropriate medical facility.		
2.	<ul> <li>The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition.</li> <li>The detainee's location.</li> <li>The visiting hours and rules at that location.</li> </ul>	Meets Standard	The facility notifies ICE who in turn notifies other interested parties.		
3.	<ul> <li>There are guidelines addressing State Advanced Directive</li> <li>Form for Implementing Living Wills and Advanced Directives.</li> <li>These guidelines include instructions for detainees who wish to have a living will.</li> <li>These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense.</li> </ul>	Meets Standard	Advance Directives: Living Will/Durable Power of Attorney for Health Care addresses this component. The detainee has the opportunity to have a private attorney prepare the documents.		
4.	There is a policy addressing "Do Not Resuscitate Orders"	Meets Standard	This is part of the Advance Directives policy.		
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	Meets Standard	A Do Not Resuscitate (DNR) order is consistent with sound medical practice and in no way associated with assisting suicide, voluntary euthanasia or expediting the detainee death.		
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	Meets Standard	The facility notifies ICE.		
7.	The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	The Scope of Services policy contains organ donation procedures.		

# PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Y)

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

#### Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
<ol> <li>The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.</li> </ol>	Meets Standard	The procedure is detailed in Notification of Next of Kin/Others. The facility notifies ICE, who in turn notifies other interested parties.
<ol> <li>The facility has a policy and procedure to address the death of a detainee while in transport.</li> </ol>	Meets Standard	Transportation Procedures policy addresses the death of a detainee while in transport.
<ol> <li>At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.</li> </ol>	Meets Standard	Per interview with the Supervisory Detention and Deportation Officer (SDDO), the detainee's remains would be disposed of in accordance with this standard.
<ul> <li>11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures.</li> <li>If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.</li> </ul>	Meets Standard	Per interview with the SDDO, the Field Office schedules an indigent's burial, after consultation with the Department of Veterans Affairs, when neither the family nor consulate claims the remains.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	Meets Standard	Per interview with the SDDO, a certified copy of the death certificate is placed in the detainee's A-file.
<ol> <li>The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</li> <li>Performance of an autopsy.</li> <li>Person(s) to perform the autopsy.</li> <li>Obtaining State approved death certificates.</li> <li>Local transportation of the body.</li> </ol>	Meets Standard	The procedure is described in Post Order Incident Reporting. The Warden is responsible for contacting the medical examiner/coroner who makes transportation and autopsy decisions.

# PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Y)

This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

#### Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	Meets Standard	Per interview with the SDDO, ICE staff follows established procedures to close the case of a deceased detainee. This includes writing a note in the file, filing the death certificate in the A-file, sending the fingerprint card to the F.B.I. and forwarding the file to the Federal Records Center.

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary				
(Use following format for d	ates: mm/dd/yyyy)			
Overall Remarks: (Record significant facts, observations, other sou	rces used, etc.) (5000 Character Max)			
There have been no detainee deaths at the facility since the last review. Facility policy and procedure regarding terminal illness, advance directives, and death is comprehensive and affords the detainee the opportunity to make advance directives.				
Overall Rating: Meets Standard				
Reviewer Name (Printed)       (b)(6), (b)(7)(c)       Completion Date: 7/12/2012				
Reviewer Signature (for printed form submission):				

# Section V ACTIVITIES

Correspondence and Other Mail Escorted Trips for Non-Medical Emergencies Marriage Requests Recreation Religious Practices Telephone Access Visitation Voluntary Work Program

	PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z)			
	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.			
	Components	Rating	Remarks (1000 Char Max)	
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	Meets Standard	This facility has a written policy regarding correspondence and other mail. The rules are posted in the housing units and they are listed in the detainee handbook.	
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	Meets Standard	The information regarding correspondence is provided in English and Spanish and the facility also provides translation services for detainees through a language line.	
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	Meets Standard		
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	Meets Standard		
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	Meets Standard	Staff maintains a logbook in which acceptance of priority, overnight and certified mail is logged.	
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	Does Not Meet Standard	This component was rated "Does Not Meet Standard" during the last inspection because all incoming general correspondence and other mail were routinely opened and inspected for contraband without the detainee present. This facility still opens and inspects incoming general mail without the detainee present to check the mail for contraband according to information provided by mail staff. This is a repeat deficiency.	

PART 5 – 26. CORRESPONDE	NCE AND OTHER MAI	L (Key: Z)		
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.				
Components	Rating	Remarks (1000 Char Max)		
<ol> <li>Staff do not read incoming general correspondence without the Facility Administrator's prior approval.</li> </ol>	Meets Standard	According to the mail staff interviewed and the facility policy, incoming general correspondence may be read, after it is referred to a facility investigator who determines that reasonable cause exists. If it is determined that it should be read it is referred to the Facility Administrator or designee for approval prior to reading.		
<ol> <li>Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.</li> </ol>	Meets Standard			
<ol> <li>Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.</li> </ol>	Meets Standard			
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	Meets Standard	Facility mail staff indicated that outgoing mail is inspected for contraband, without the detainee present if there is reason to believe that it may present a threat.		
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	Meets Standard			
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	Meets Standard	According to mail staff, the addressee and the sender are notified if incoming mail is rejected.		
<ol> <li>The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.</li> </ol>	Meets Standard			
14. Staff maintain a written record of every item removed from detainee mail.	Meets Standard	A log is maintained by mail staff of every item removed from detainee mail.		
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	Meets Standard	This component was rated Does Not Meet during the 2011 inspection because the facility did not accept cash in the mail. The facility has a designee that monitors the handling of contraband and the disposition thereof. Records are accurate and up to date.		

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z)			
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.			
Components	Rating	Remarks (1000 Char Max)	
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	Meets Standard		
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	Meets Standard		
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	Meets Standard	Facility staff forwards the request for identity documents to ICE and ICE staff provides the requested documents to the detainee.	
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	Meets Standard		
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	Meets Standard		
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	Meets Standard		
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard		
23. SMU detainees have the same correspondence privileges as general population.	Meets Standard		
24. Detainees have access to outside publications.	Meets Standard		

#### PART 5 – 26. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

This facility has a policy that governs the handling of general mail, special correspondence and packages. Detainees are made aware of the rules regarding correspondence during their orientation, the detainee handbook and in the postings in the housing units. Separate logs are kept for the various types of incoming correspondence and any contraband that may be confiscated.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES (Key: AA)				
en	is Detention Standard permits detainees to maintain ties wit nergency staff-escorted trips into the community to visit criti nerals.				
s	tandard N/A				
	Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")				
	Components	Rating	Remarks (1000 Char Max)		
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:	N/A			
	Funeral				
	Deathbed				
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).	N/A			
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	N/A			
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.	N/A			
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	N/A			
6.	Each escort detail includes at least <sub>b)(7)(e)</sub> fficers.	N/A			
7.	The detainee remains under constant, direct visual supervision of escorting staff.	N/A			
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	N/A			
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	N/A			
10	. Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	N/A			

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIE	S (K∈	y: AA
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This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard N/A

Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
11. Escort officers ensure that detainees:		
<ul> <li>Conduct themselves in a manner that does not bring discredit to ICE/DRO.</li> </ul>		
<ul> <li>Do not violate federal, state, or local laws.</li> </ul>		
<ul> <li>Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants.</li> </ul>	N/A	
<ul> <li>Do not arrange to visit family or friends unless approved before the trip.</li> </ul>		
Make no unauthorized phone calls.		
<ul> <li>Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.</li> </ul>		
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.	N/A	
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	N/A	
14. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
15. Facility procedures comply with the following ICE Standards:		
Transportation (Land Transportation	N/A	
<ul> <li>Restraints applied strictly in accordance with the Use of Force Standard.</li> </ul>		

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The Warden and a Supervisory Detention and Deportation Officer assigned to the facility were both interviewed concerning this standard. Both stated that all escorted trips for non-medical emergencies are handled only by the ICE Field Office Staff.

Overall Rating: N/A

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 5 – 28. MARRIAGE REQUESTS (Key: AB)				
	This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based				
on	internal guidelines for approval of such requests.				
	Components	Rating	Remarks (1000 Char Max)		
1.	The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	The facility forwards all marriage requests to the ICE Field Office for review and approval.		
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	Meets Standard			
3.	It is standard practice to require a written request for permission to marry.	Meets Standard	The ICE Field Office and the detainee handbook require written permission for a detainee to marry.		
4.	The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	Meets Standard	The written requests include documentation from the intended spouse.		
5.	The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	Meets Standard	The facility forwards all marriage requests to the ICE Field Office for review and disposition.		
6.	When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	Meets Standard	The facility forwards all marriage requests to the ICE Field Office for review and disposition.		
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	Meets Standard	The facility will assist ICE detainees with wedding arrangements when approved by the ICE Field Office.		
8.	The detainee handbook explains the marriage request process.	Meets Standard	The ICE National Detainee Handbook and local supplement explains the marriage process.		
9.	In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	Meets Standard	The facility is an IGSA facility. Marriage requests are approved by the ICE Field Office.		

#### PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility reports two marriages in the past year and two weddings currently scheduled for the week of July 24, 2012.

The facility has created a procedure to ensure marriage requests from ICE detainees are provided to the ICE Field Office for review and approval. Facility staff make arrangements for detainees when requests are approved by the ICE Field Office. The weddings are conducted in the facility visitation room.

Overall Rating: Meets Standard

**Reviewer Name (Printed)** (b)(6), (b)(7)(c)

Completion Date: 07/12/2012

	PART 5 – 29. REG s Detention Standard ensures that each detainee has access		e programs and activities, within th	
con	straints of safety, security, and good order.			
Standard N/A				
Clic	k the above button if outdoor recreation is offered. Items	19-27 will be marked "N/A	.".	
	Components	Rating	Remarks (1000 Char Max)	
1.	<ul><li>The Facility provides:</li><li>An indoor recreation program.</li><li>An outdoor recreation program.</li></ul>	Meets Standard	The facility has established recreation and leisure programs for detainees. They include both indoor and outdoor activities.	
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	Does Not Meet Standard	This is an IGSA facility with an average population of 361 detainees. There is no recreation specialist. Security staff coordinates recreation.	
3.	Regular maintenance keeps recreational facilities and equipment in good condition.	Meets Standard		
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.	Meets Standard	Facility staff inspects recreation equipment. The facility does no utilize recreation workers.	
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	Meets Standard		
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	Meets Standard	Board games, playing cards and televisions are available in the facility dayrooms.	
7.	Outside activities are restricted to limited-contact sports.	Meets Standard	Outdoor activities include basketball, handball and walking	
8.	Each detainee has the opportunity to participate in daily recreation.	Meets Standard		
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	Meets Standard	The facility offers detainees one hour outside recreation daily.	
10.	Staff check all items for damage and condition when equipment is returned.	Meets Standard		
11.	Staff conduct searches of recreation areas before and after use.	Meets Standard		
12.	Recreation areas are under constant staff supervision.	Meets Standard	Facility staff supervise detainees during recreation times.	
13.	Supervising staff are equipped with radios.	Meets Standard	The facility issues radios to staff members supervising recreation	
14.	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	Meets Standard		

PART 5 – 29. RECREATION (Key: AC)				
	This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the			
constraints of safety, security, and good order.				
Standard N/A				
Click the above button if outdoor recreation is offered. Items	19-27 will be marked "N/	Α".		
Components	Rating	Remarks (1000 Char Max)		
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	Meets Standard	The facility explains in writing to detainees if recreation privileges are limited.		
<ol> <li>Special programs or religious activities are available to detainees.</li> </ol>	Meets Standard			
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	Meets Standard	The facility requires volunteers to submit a formal application, waiver of liability and submit to a background check. When approved they are required to attend a facility orientation program prior to entering the facility.		
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	Meets Standard	The facility does not allow friends, relatives or visitors to serve as volunteers.		
19. If the facility has no outside recreation, are detainees considered for transfer after six months?	N/A			
<ol> <li>If yes, written procedures ensure timely review of all eligible detainees.</li> </ol>	N/A			
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.	N/A			
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.	N/A			
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.	N/A			
<ol> <li>Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.</li> </ol>	N/A			
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.	N/A			
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer- waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.	N/A			
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.	N/A			

#### PART 5 - 29. RECREATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

#### PART 5 - 29. RECREATION - Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility has a recreation program established to ensure detainees have access to recreational and exercise programs keeping detainee safety and orderly facility operations in mind. Both indoor and outdoor recreation is offered depending on weather conditions. Sedentary activities that include games and television are available in the dayrooms.

Overall Rating: Meets Standard

**Reviewer Name (Printed)** 

(b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 5 – 30. RELIGIOUS PRACTICES (Key: AD)					
opp	This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.					
	Components Rating Remarks (1000 Char Max)					
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	Meets Standard	Religious services are provided to the detainee population in English, Arabic and Spanish.			
2.	Space is available for detainees to participate in religious services.	Meets Standard	The facility conducts religious programming in a vacant housing unit dayroom, supplying ample space.			
3. •	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	Meets Standard	The facility allows detainees to observe all major holy days. It does not list any exceptions.			
4.	<ul> <li>The facility accommodates recognized holy-day observances by:</li> <li>Providing special meals, consistent with dietary restrictions.</li> <li>Honoring fasting requirements.</li> <li>Facilitating religious services.</li> <li>Allowing activity restrictions.</li> </ul>	Meets Standard	The facility accommodates special meals, fasting and activity restrictions when requested by the detainee and approved by the Chaplain.			
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	Meets Standard				
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	Meets Standard	The facility requires volunteers to submit a formal application and submit to a background check. When approved they are required to attend a facility orientation program prior to entering the facility.			
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	Meets Standard				
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	Meets Standard				

#### PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility maintains a religious program designed to create reasonable and equitable opportunities for detainees to participate in the practices of their respective faiths. The facility maintains a full-time staff chaplain and seventy-eight religious volunteers to offer spiritual programming to the detainee population. The facility attempts to make reasonable accommodations while still considering safety and security concerns.

**Overall Rating:** Meets Standard

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PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary				
(Use following format for dates: mm/dd/yyyy)				
Reviewer Name (Printed): (b)(6), (b)(7)(c)	Completion Date: 7/12/2012			
Reviewer Signature (for printed form submission):				

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	Detention Standard ensures that detainees may maintain tien n reasonable and equitable access to telephone services.	es with their families and	others in the community by providing
	Components	Rating	Remarks (1000 Char Max)
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	Meets Standard	
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	Meets Standard	Detainees are made aware of the facility's telephone policy during their orientation; and the orientation video is played every day in the housing unit.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	Meets Standard	
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	Meets Standard	The access rules and telephone listings, including the consulate number, were observed posted in the housing units.
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	Meets Standard	Spanish is the language spoken by a significant portion of the facility's population and the postings were observed in English and Spanish.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	Meets Standard	
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	Meets Standard	
8.	Telephones are located a reasonable distance from televisions.	Meets Standard	
9.	The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	Meets Standard	According to facility staff any report of telephone malfunction from detainees or ICE staff is immediately reported to the telephone service provider.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	Meets Standard	
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	Staff will assist making confidential calls upon request, as needed.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	
	Special Access calls are at no charge to the detainees.	Meets Standard	Special access calls are free.

PART 5 – 31.	TELEPHONE	ACCESS (Key: AE)
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This	PART 5 – 31. TELEPF Detention Standard ensures that detainees may maintain ti		others in the community by providing
	n reasonable and equitable access to telephone services.		
	Components	Rating	Remarks (1000 Char Max)
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.	N/A	This facility is able to meet the requirement to make Special Access calls.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	Meets Standard	Detainees have free access to attorneys and other legal service providers.
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	Meets Standard	Arrangements for telephone calls with immediate family members detained in another facility are made by ICE staff.
18.	All telephone restrictions are documented.	Meets Standard	Any telephone restrictions would be through the disciplinary system and the restriction would be documented.
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	
20.	Phone call messages are given to detainees as soon as possible.	Meets Standard	
21.	Detainees are allowed to return emergency phone calls as soon as possible.	Meets Standard	
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	Meets Standard	Detainees in segregation are able to place free legal calls as stipulated by the standard.
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	Meets Standard	
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	Meets Standard	Detainees in segregation may make emergency calls when necessary.
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	Meets Standard	The facility policy states that detainees in administrative segregation will be afforded the same telephone privileges as those in general population.
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	Meets Standard	There is notification of the propensity for telephone calls to be monitored as stipulated by the standard.
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	Meets Standard	The Office of Inspector General (OIG) was reached during this inspection.

PART 5 – 31. TELEPHONE ACCESS (Key: AE)			
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.			
ComponentsRatingRemarks (1000 Char Max)			
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	Meets Standard		
PART 5 – 31. TELEPHONE ACCESS – Reviewer Summary			
(Use following format for dates: mm/dd/yyyy)			

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

There is an adequate number of telephones in each housing unit. The detainees interviewed indicated that they did not have any problems with the telephones. There were no detainees in the segregation unit but the required postings were observed and a portable telephone is used in the segregation unit for detainee use.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 5 – 32.	VISITATION (Key: AF)	
	s Detention Standard ensures that detainees will be able to m al representatives, and consular officials, within the constrair	-	-
	Components	Rating	Remarks (1000 Char Max)
1.	There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard	There is a written visitation schedule that includes hours for general visitation
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	Meets Standard	
3.	The visitation schedule and rules are available to the public.	Meets Standard	The visitation schedule and visitation rules are posted in the lobby and are available on the facility's website.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	Meets Standard	The visitation hours are posted in the lobby and are available on the facility website.
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	Meets Standard	The rules regarding visitation are posted in the lobby in English and Spanish, the two major languages spoken by detainees at this facility.
6.	A general visitation log is maintained.	Meets Standard	
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	Meets Standard	
8.	A visitor dress code is available to the public.	Meets Standard	The dress code is posted in the lobby.
9.	Visitors are searched and identified according to standard requirements.	Meets Standard	
10.	The requirement on visitation by minors is complied with.	Meets Standard	
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	N/A	This facility allows visits by minor children.
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	N/A	This facility allows visits by minor children. Therefore, transfers for minor visits are not necessary.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	Meets Standard	
14.	Detainees in special housing are afforded visitation.	Meets Standard	Detainees in the SMU ordinarily retain the same visiting privileges as population detainees.
15.	Legal visitation is available seven (7) days a week, including holidays.	Meets Standard	
16.	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	Meets Standard	

PART 5 – 32. VISITATION (Key: AF)			
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.			
Components	Rating	Remarks (1000 Char Max)	
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	Meets Standard		
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard		
19. There are written procedures governing detainee searches.	Meets Standard	Facility policy governs detainee searches.	
20. Legal representatives and assistants are subject to a non- intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	Meets Standard	All visitors are subject to non- intrusive searches and are processed through a metal detector and their belongings are X-rayed.	
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	Meets Standard		
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	The list of pro-bono legal organizations is posted in the housing areas and is published in the detainee handbook.	
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	N/A	This component is only applicable for SPCs and CDFs. Requests for tours by domestic or international organizations and associated with detention issues must be approved by the ICE Field Office.	
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	Meets Standard		
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	Meets Standard	ICE approves all such visits.	
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	Meets Standard		

#### PART 5 – 32. VISITATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The visitation rules and schedule are available to detainees through the facility orientation and the handbook and they are posted in the housing units. The visitation rules and schedule are available to visitors on the facility website and they are posted in the lobby of the facility.

**Overall Rating:** Meets Standard Reviewer Name (Printed): (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

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### PART 5 – 32. VISITATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Reviewer Signature (for printed form submission):** 

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### PART 5 - 33. VOLUNTARY WORK PROGRAM (Key: AG)

This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

## Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

	Components	Rating	Remarks (1000 Char Max)
1.	The facility has a voluntary work program.	Meets Standard	Facility policy and procedure and the detainee handbook establish a work program for ICE detainees.
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	Meets Standard	Visual observation of the facility during the site review supported acceptable level of housekeeping.
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.	Meets Standard	The facility does not allow detainees to work outside the secure perimeter of the facility.
4.	<ul> <li>Written procedures govern selection of detainees for the Voluntary Work Program.</li> <li>The same procedures apply for replacement workers as for "new" workers.</li> <li>Staff follow written procedures.</li> </ul>	Meets Standard	Facility policy and procedure establishes a means of selection and replacement for detainee workers.
5.	Where possible, physically and mentally challenged detainees participate in the program.	Meets Standard	Facility policy and procedure support the inclusion of handicapped detainees in the work program.
6. • •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	Meets Standard	The facility does not allow detainees to work more than eight hours per day or forty hours per week.
7.	Detainee volunteers ordinarily work according to a fixed schedule.	Meets Standard	Facility policy and procedure specify that detainees will work a fixed shift assignment daily.
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	Meets Standard	
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	Meets Standard	Facility staff provides detainee training and documentation prior to assignment to a job duty.

#### PART 5 - 33. VOLUNTARY WORK PROGRAM (Key: AG)

This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
<ul> <li>10. The voluntary work program meets:</li> <li>OSHA standards</li> <li>NFPA standards</li> <li>ACA standards</li> </ul>	Meets Standard	Facility staff provides detainee training and documentation prior to assignment to a job duty. The training includes the elements contained in this component.
<ul> <li>11. Medical staff screen and formally certifies detainee food service volunteers;</li> <li>Before the assignment begins</li> <li>As a matter of written procedure</li> </ul>	Meets Standard	Facility policy and practice specify that detainees are seen by the medical department prior to beginning a work assignment.
12. Detainees receive safety equipment/ training sufficient for the assignment	Meets Standard	
13. Proper procedure is followed when an ICE detainee is injured on the job.	Meets Standard	Facility policy and procedure require notification of the ICE Field Office if a detainee sustains an injury while participating in the work program.

PART 5 – 33. VOLUNTARY WORK PROGRAM – Reviewer Summary (Use following format for dates: mm/dd/yyyy)		
<b>Overall Remarks:</b> (Record significant facts, observations, other sources used, etc.) (5000 Character Max) The facility provides a policy and procedure to offer detainees the opportunity to work and earn money while assigned to the facility. Detainees work in various jobs within the facility providing support; they are only allowed to work inside the secure perimeter of the facility. Duties include working in the food service department and laundry, as well as housekeeping in the housing area.		
Overall Rating: Meets Standard		
Reviewer Name (Printed)       (b)(6), (b)(7)(c)       Completion Date: 7/12/20	12	

## Section VI JUSTICE

Detainee Handbook Grievance System Law Libraries and Legal Material Legal Rights Group Presentations

This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

	Components	Rating	Remarks (1000 Char Max)
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	Meets Standard	Facility staff issues the ICE National Detainee Handbook and a facility detainee handbook upon the detainee's arrival at the facility.
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	Meets Standard	The handbooks are available in both English and Spanish.
3.	A procedure for requesting interpretive services for essential communication has been developed.	Meets Standard	The handbook instructs detainees on the process for requesting interpretive services.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	Meets Standard	
5.	The handbook supplements the facility orientation video where one is provided.	Meets Standard	The facility utilizes an orientation video. It is produced in both English and Spanish.
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	Meets Standard	The facility posts handbook revisions in the detainee housing areas.
7.	There is an annual review of the handbook by a designated committee or staff member.	Meets Standard	The facility administrator conducts an annual review of the facility handbook. The current facility handbook was revised November 10, 2011.
8.	<ul> <li>The detainee handbook address the following issues:</li> <li>Personal Items permitted to be retained by the detainee.</li> <li>Initial issue of clothes, bedding and personal hygiene items.</li> <li>How to access care.</li> </ul>	Meets Standard	The facility handbook addresses personal items, issuance of clothing, bedding and hygiene items; and access to medical care.
9.	The detainee handbook states in clear language basic detainee responsibilities.	Meets Standard	
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	The facility handbook addresses the methods of classification, and explains each level and the appeals process.

This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
11. The handbook states when a medical examination will be conducted.	Meets Standard	The facility handbook explains a complete medical examination will be conducted within fourteen days of arrival at the facility.
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	Meets Standard	
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	Meets Standard	The facility handbook includes schedules for the activities contained in the component.
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	This component was rated "Does Not Meet Standard" during the last inspection. The facility handbook now states razors are issued one time per day and must be returned following their use. The detainee must exchange his/her identification card for the razor. It provides times for issuance and describes detainees attending court will be allowed the opportunity to shave first.
15. The handbook describes barber hours and hair cutting restrictions.	Meets Standard	
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	Meets Standard	The facility handbook addresses telephone procedures, calling cards, collect calls and limitations for times of high demand.
17. The handbook addresses religious programming.	Meets Standard	
<ol> <li>The handbook states times and procedures for commissary or vending machine usage. (where available)</li> </ol>	Meets Standard	The facility handbook describes commissary services. Vending machines are not available for detainee use.
19. The handbook describes the detainee voluntary work program.	Meets Standard	

This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	Meets Standard	This component was rated "Does Not Meet Standard" during the last inspection. The handbook now describes the library, law library, procedures, schedule and hours of operation.
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	Meets Standard	
22. The handbook/supplement provides local ICE contact information.	Meets Standard	This component was rated "Does Not Meet Standard" during the last inspection. The facility handbook now contains the contact information for the local field office.
23. The handbook describes the facility contraband policy.	Meets Standard	
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	Meets Standard	
25. The handbook describes the correspondence policy and procedures.	Meets Standard	
<ul> <li>26. The handbook describes the detainee disciplinary policy and procedures, including:</li> <li>Prohibited acts and severity scale sanctions.</li> <li>Time limits in the Disciplinary Process.</li> <li>Summary of Disciplinary Process.</li> </ul>	Meets Standard	The facility handbook describes the detainee disciplinary policy, prohibited acts and time limits in the process.
<ul> <li>27. The grievance section of the handbook explains all steps in the grievance process – Including: <ul> <li>Informal (if used) and formal grievance procedures;</li> <li>The appeals process;</li> <li>In CDFs procedures for filing an appeal of a grievance with ICE.</li> <li>Staff/detainee availability to help during the grievance process.</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Homeland Security.</li> </ul> </li> </ul>	Meets Standard	The facility handbook details items in this component, including the process of filing a complaint of officer misconduct with the Department of Homeland Security.

This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
28. The handbook describes the medical sick call procedures for general population and segregation.	Meets Standard	The facility requires detainees in general population and segregation to file a sick call request.
<ul> <li>29. The handbook describes the facility recreation policy including:</li> <li>Outdoor recreation hours.</li> <li>Indoor recreation hours.</li> <li>In dorm leisure activities.</li> <li>Rules for television viewing.</li> </ul>	Meets Standard	The facility handbook discusses indoor and outdoor recreation as well as in-dorm activities.
<ol> <li>The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.</li> </ol>	Meets Standard	
31. The handbook specifies the rights and responsibilities of all detainees.	Meets Standard	
32. Detainees are required to sign for the handbook to ensure accountability.	Meets Standard	
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	Meets Standard	

#### PART 6 - 34. DETAINEE HANDBOOK – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

This facility has created a local handbook to offer as a supplement to the ICE National Detainee Handbook. It is created to provide a comprehensive orientation and outline of the facility policy and procedures. It includes subject matter related to facility rules, disciplinary system, mail, grievance, and medical care.

The components dealing with razors, law library hours and ICE contact information were rated as "Does Not Meet Standard" during the previous inspection and these were corrected.

The handbook includes provisions explaining the classification system and levels, housing units and dayrooms, library location and local contact information for the ICE Field Office.

Overall Rating: Meets Standard

**Reviewer Name (Printed)** 

(b)(6), (b)(7)(c)

Completion Date: 7/12/2012

	PART 6 – 35. GRIEV/	ANCE SYSTEM (Key: AI)	
	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.		
	Components	Rating	Remarks (1000 Char Max)
1.	Detainees are informed about the facility's informal and formal grievance system.	Meets Standard	Facility policy and procedure establishes an informal and formal grievance process. It is also contained in the facility detainee handbook that is distributed to detainees during the booking process.
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	Meets Standard	
3.	<ul> <li>The grievance section of the handbook explains all steps in the grievance process – Including:</li> <li>Informal and formal grievance procedures;</li> <li>The appeals process and step-by-step procedures;</li> <li>Staff/detainee availability to help during the grievance process</li> <li>Guarantee against staff retaliation for filing/pursuing a grievance.</li> <li>How to file a complaint about officer misconduct with the Department of Justice.</li> <li>How to file an emergency grievance.</li> </ul>	Meets Standard	The facility detainee handbook addresses the items contained in this component. Facility policy and procedure
4.	oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	Meets Standard	encourage detainees to seek informal resolution to complaints. It allows a five day window for a detainee to make his or her concern known to a staff member.
5.	<ul> <li>Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.</li> <li>Detainees may seek help from other detainees or facility staff when preparing a grievance.</li> <li>Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.</li> </ul>	Meets Standard	The facility offers detainees a multi-step grievance process to appeal decisions they do not agree with; additionally, detainees may requested assistance when needed.
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	Meets Standard	
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	Meets Standard	Facility staff attends annual training on how to identify and expedite an emergency grievance.

PART 6 – 35. GRIEVANCE SYSTEM (Key: AI)		
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.		
Components	Rating	Remarks (1000 Char Max)
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	Meets Standard	Facility policy and procedure and the detainee handbook advise detainees that staff shall not harass or punish them for filing a grievance.
<ul> <li>9. Procedures include maintaining a Detainee Grievance Log.</li> <li>If not, an alternative acceptable record keeping system is maintained.</li> <li>"Nuisance complains" are identified in the records.</li> <li>For quality control purposes, staff document nuisance complaints received but not filed.</li> </ul>	Meets Standard	The facility maintains a grievance log that is an acceptable record keeping system. If nuisance complaints are received, the facility has a means of noting it on the grievance log.
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	Meets Standard	
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	Meets Standard	The facility forwards all officer misconduct grievances to the local ICE Office.
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	Meets Standard	
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	Meets Standard	The facility requires staff to notify allegations of staff misconduct to a supervisor. The facility reports all detainee grievances to the local ICE Office.
<ul> <li>14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</li> <li>In all facilities written procedures cover detainee appeals and are included in the detainee handbook</li> </ul>	Meets Standard	This is an IGSA facility; detainees may appeal to the facility administrator.
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	Meets Standard	The facility requires detainees to submit formal or informal grievances within five days of occurrence.

#### PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The grievance section of the detainee handbook describes assistance from staff or a detainee is available if needed as well as assistance for detainees with language or reading/writing issues.

The facility has an established grievance policy and procedure created to protect detainee rights and ensure they are treated fairly. It offers detainees an informal and formal avenue to address concerns they have within the facility to management

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PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Su	immary	
(Use following format for dates: mm/dd/yyyy)		
staff. Detainee grievances, including the disposition, are included in the detention file.		
Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 7/12/2012	
Reviewer Signature (for printed form submission):		

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ) This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.			
2.	<ul> <li>The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.</li> <li>In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic</li> </ul>	Meets Standard	This facility has a law library that has both law books and a LexisNexis. The listing was posted and the LexisNexis has a table of contents that detainees
	law library.		can use.
3.	<ul> <li>If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:</li> <li>Operable computers and printers, in sufficient numbers in order to provide access</li> </ul>	Meets Standard	A detainee was observed using the LexisNexis computer; and a printer/copier is available for
	Photocopiers, and		detainee use in the law library.
1	• Supplies for both. The library contains a sufficient number of chairs, is well lit		The law library has sufficient
4.	and is reasonably isolated from noisy areas.	Meets Standard	The law library has sufficient seating for the amount of use, is well-lit, and is isolated from noise.
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	Meets Standard	The law library does not have a typewriter, but the printer is connected to the computer that is used for the LexisNexis and it can serve as a typewriter.
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	Flash drives are available to detainees so that they can store their legal work.
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	Meets Standard	ICE reviews all submissions of outside material.
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	Meets Standard	
10.	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	Meets Standard	Detainees enjoy separate recreation time and are therefore not required to choose between law library use and recreation.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)		
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.		
Components	Rating	Remarks (1000 Char Max)
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	Meets Standard	The facility has a form that detainees complete when they request legal materials that are not available in the law library or the LexisNexis. ICE provides these legal materials and they maintain a log of the requests made and the legal materials provided.
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	Meets Standard	
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	Meets Standard	
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	Meets Standard	Detainees can use a flash drive to store their legal materials research. Stored legal material can be accessed within 24 hours of written request.
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	Meets Standard	
16. All denials of access to the law library fully documented.	Meets Standard	
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	Meets Standard	
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	Meets Standard	
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	Meets Standard	

#### PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The law library was observed to be quiet, well-lighted and it had a LexisNexis and a printer/copier. Detainees in segregation have to request legal materials and staff provides copies of the materials and/or forms requested.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

Page 130 of 151 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3 PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

#### PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AK)

This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

	Components	Rating	Remarks (1000 Char Max)
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	Meets Standard	The Field Office has agreed to allow the Catholic Social Services to provide legal rights group presentations at this facility.
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	Meets Standard	
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	Meets Standard	
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	Meets Standard	There are sign-up sheets in the housing units for detainee use.
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	Meets Standard	During the last inspection, this component was rated "Does Not Meet." However, this has been corrected by having sign-up sheets for detainee use. There have not been any denials during the past year; however, if there was a denial, it would be documented.
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.	Meets Standard	All requesting detainees may attend group legal rights presentations.
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	Meets Standard	The legal rights representative is allowed to go the segregation unit to make their presentation. If privacy is requested, then the presenter and the detainee are provided an attorney visiting room for the presentation.
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	Meets Standard	
9.	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	Meets Standard	There are no issues with time limitations for group legal rights presentations at this facility.

#### PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AK)

This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Stan	dard	N/A
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Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
10. Staff permit presenters to distribute ICE/DRO-approved materials.	Meets Standard	Approved materials may be submitted as requested.
11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.	Meets Standard	Conversations between detainees and legal rights groups are not monitored.
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	Meets Standard	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	Meets Standard	
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	Meets Standard	
15. The facility maintains equipment for viewing approved electronically formatted presentations.	Meets Standard	

#### PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS - Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The Catholic Social Services provides detainees legal rights presentations. Presenters are allowed to make presentations in the segregation unit and/or the detainee is taken to an attorney visit room where the legal presentation can be made.

 Overall Rating: Meets Standard

 Reviewer Name (Printed)
 (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

# Section VII ADMINISTRATION & MANAGEMENT

Detention Files News Media Interviews and Tours Staff Training Transfer of Detainees

	PART 7 – 38. DETEI	NTION FILES (Key: AL)	
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.			
	Components	Rating	Remarks (1000 Char Max)
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	Meets Standard	Detention files are created immediately upon the detainee's arrival at this facility.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	The documentation generated during the admissions process was in the detainee files reviewed.
3.	The detainee's Detention File also contains documents generated during the detainee's custody.		
	<ul> <li>Special requests</li> <li>Any G-589s and/or I-77s or IGSA equivalent, closed- out during the detainee's stay</li> </ul>	Meets Standard	
	Disciplinary forms/Segregation forms		
	• Grievances, complaints, and the disposition(s) of same		
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	Meets Standard	The detention files are kept in a room that has a locking door and the cabinets are also lockable. The file room key is limited to the file staff and supervisors.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard	
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	Meets Standard	Archived detention files were reviewed and they had the appropriate notations in the files.
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	Meets Standard	
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	Meets Standard	A log is maintained by the file room staff person that keeps track of any file that is checked out.
9.	Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	
10.	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	Meets Standard	

PART 7 – 38. DETENTION FILES (Key: AL)		
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.		
Components	Rating	Remarks (1000 Char Max)
11. Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	Meets Standard	A-files are not kept at this facility; however; the detention files are subject to the Privacy Act regulations.
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	Meets Standard	
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	Meets Standard	
14. Archived files are purged after six years by shredding or burning.	Meets Standard	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	Meets Standard	

#### PART 7 – 38. DETENTION FILES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

This facility does not have any A-files. All A-files are retained by ICE in their Field Office. This facility does generate detention files and they are kept in a room that is designated as the "file room." Any detention file that is checked out is logged and the room is lockable as are the cabinets where the files are stored. Both active and archived files are kept in the same room, but in different cabinets.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

PART 7 – 39. NEWS MEDIA INTERVIEWS AND TOURS (Key: AM)			
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.			
Components	Rating	Remarks (1000 Char Max)	
<ol> <li>The ICE/DRO Field Office Director approved all interview by reporters, other news media representatives, academ and others not covered by the Detention Standard Visitation.</li> </ol>	ics	The information in the facility policy and interviews with the Public Information Officer and ICE SDDO indicated that all interviews by reporters, academics and others not covered by the Detention Standard on Visitation is approved by the ICE/ERO Field Office Director.	
2. All personal interviews are documented with the Ner- Interview Authorization form (or equivalent) and filed the detainee's A-file with a copy in the facility's Detenti File.	in Meets Standard		
<ol> <li>The Field Office Director consulted with Headquarte before deciding to allow an interview with a detainee w was the center of a controversy, or special interest, or hi profile case.</li> </ol>	ho Meets Standard		
4. Signed released forms are obtained and retained in t detainee's a-file from any media representatives w photographed or recorded any detainee in any way th would individually identify him or her.	ho Meets Standard		
<ul> <li>5. All press pools are organized `according to the procedures the Detention Standard.</li> <li>A press pool may be established when the Field Offi Director and facility administrator determine that t volume of interview requests warrants such action</li> <li>All media representatives with pending or requeste tours, or visits were notified that, effecti immediately and until further notice, all media representatives must comply with the press por guidelines established by the Field Office Director.</li> <li>All material generated from such a press pool is ma available to all news media, without right of fi publication or broadcast.</li> </ul>	ce he ed, ve Meets Standard dia bol	There have not been any press pools at this facility. However, if there was a press pool, all of the bulleted components would be complied with according to the policy and interviews with facility and ICE staff.	

#### PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max) The facility Public Information Officer (PIO) indicated that she had attended PIO training and she provided a log that contained requests for media interviews and media articles.

The ICE SDDO indicated that the ICE Field Office would review and consider any requests for media interviews.

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS – Reviewer Summary				
(Use following format for dates: mm/dd/yyyy)				
Overall Rating: Meets Standard				
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 7/12/2012			
Reviewer Signature (for printed form submission):				

	PART 7 – 40. STAFF TRAINING (Key: AN)			
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.			
	Components	Rating	Remarks (1000 Char Max)	
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	Meets Standard	Facility policy and procedure establish a comprehensive training policy and procedure for staff, contractors and volunteers that includes initial and annual training.	
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	Facility staff is trained in accordance with their duties and job functions.	
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full- time training personnel complete a 40-hour training-for- trainers course.	Meets Standard	The facility training manager has completed training-for-trainer's course.	
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The facility training plan is reviewed and approved by the facility administrator annually.	
5.	<ul> <li>An accurate and complete record is maintained of all formal training activities in:</li> <li>Individual training folders,</li> <li>Other training records systems, and/or</li> <li>Electronic systems.</li> </ul>	Meets Standard	The facility maintains paper and electronic training records. Each employee has a master training record containing all employee training; it is maintained by the training department.	

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	Rating	Remarks (1000 Char Max)
<ul> <li>6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:</li> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Drug-free Workplace</li> <li>Health-related emergencies</li> <li>Signs of Suicide risk and precautions</li> <li>Suicide prevention and intervention</li> <li>Hunger strikes</li> <li>Use of Force</li> <li>Keys and Locks</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>Orientation and training on detainee handbook and detainee rights.</li> <li>Requirement of special-needs detainees.</li> <li>National Detention Standards</li> </ul>	Meets Standard	Each new employee, contractor and volunteer completes a forty- hour initial training program including the subjects listed in the component.

PART 7 – 40. STAFF TRAINING (Key: AN)			
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.			
Components	Rating	Remarks (1000 Char Max)	
<ul> <li>7. Clerical/support employees who have minimal detainee contact receive a minimum of: <ul> <li>Working conditions</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Code of ethics</li> <li>Personnel policy manual</li> <li>Employees' rights and responsibilities</li> <li>Overview of the criminal justice system</li> <li>Tour of the facility</li> <li>Facility goals and objectives</li> <li>Facility organization</li> <li>Staff rules and regulations</li> <li>Sexual harassment/sexual misconduct awareness</li> <li>Personnel policies</li> <li>Program overview</li> <li>National Detention Standards.</li> <li>Key and Lock Control.</li> </ul> </li> </ul>	Meets Standard	Each new employee, contractor and volunteer completes a forty- eight hour initial training program including the subjects listed in the component.	

PART 7 – 40. STAFF TRAINING (Key: AN)				
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.			
	Components	Rating	Remarks (1000 Char Max)	
8.	Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:			
	Security procedures and regulations			
	Code of Ethics			
	Health-related emergencies			
	Drug-free workplace			
	Supervision of detainees			
	Signs of suicide risk and hunger strike			
	Suicide precautions			
	Use-of-force regulations and tactics		Fach new employee, centractor	
	Report writing		Each new employee, contractor and volunteer completes a forty-	
	Detainee rules and regulations	Meets Standard	eight hour initial training	
	Key control		program including the subjects	
	Rights and responsibilities of detainees		listed in the component.	
	Safety procedures			
	Emergency plan and procedures			
	Interpersonal relations			
	• Social/cultural lifestyles of the detainee population			
	Cultural diversity/understanding staff & detainees			
1	Communication skills			
	• Cardiopulmonary resuscitation (CPR)/First aid			
	Counseling techniques			
1	• Sexual harassment/sexual misconduct awareness.			
	National Detention Standards.			

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	Rating	Remarks (1000 Char Max)
<ul> <li>9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: <ul> <li>The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations</li> <li>Key control; appropriate conduct with detainees</li> <li>Responsibilities and rights of employees</li> <li>Standard precautions</li> <li>Occupational exposure</li> <li>Personal protective equipment</li> <li>Bio-hazardous waste disposal</li> <li>Overview of the detention operations.</li> <li>National Detention Standards.</li> <li>Medical grievance procedures and protocol.</li> <li>Requirement for special needs detainees.</li> </ul> </li> </ul>	Meets Standard	Each new employee, contractor and volunteer completes a forty- eight hour initial training program including the subjects listed in the component.
<ul><li>Drug free workplace</li><li>Hostage situations and staff conduct if taken hostage.</li></ul>		
• Hostage situations and start conduct it taken hostage.		

PART 7 – 40. STAF	F TRAINING (Key: AN)	
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	Rating	Remarks (1000 Char Max)
<ul> <li>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum:</li> <li>Security procedures and regulations</li> <li>Supervision of detainees</li> <li>Searches of detainees, housing units, and work areas</li> <li>Signs of suicide risk, precaution, prevention and intervention.</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Suicide precautions</li> <li>Self-defense techniques</li> <li>Use-of-force regulations and tactics</li> <li>Report writing</li> <li>Detainee rules and regulations</li> <li>Key control</li> <li>Rights and responsibilities of detainees</li> <li>Safety procedures</li> <li>Emergency plans and procedures</li> <li>Interpersonal relations</li> <li>Social/cultural lifestyles of the detainee population</li> <li>Cultural diversity/understanding staff &amp; detainees</li> <li>Communication skills</li> <li>Cardiopulmonary resuscitation (CPR)/first aid</li> <li>Counseling techniques</li> <li>Sexual abuse/assault awareness</li> <li>National Detention Standards.</li> </ul>	Meets Standard	Each new employee, contractor and volunteer completes a forty- eight hour initial training program including the subjects listed in the component.
<ul> <li>11. Situation Response Teams (SRTs) receive:</li> <li>Specialized training before undertaking their assignments.</li> </ul>	Meets Standard	Situation Response Teams are required to attend forty hours of initial training and eight hours of training each month to maintain membership.
<ul> <li>12. Facility management and supervisory staff receive:</li> <li>Management and Supervisory training</li> </ul>	Meets Standard	Facility management staff complete training annually. Documentation of training is maintained by the training director.

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	Rating	Remarks (1000 Char Max)
13. <b>(MANDATORY)</b> Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	Meets Standard	
14. <b>(MANDATORY)</b> All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	(b)(7)e
15. <b>(MANDATORY)</b> Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	Meets Standard	The facility chemical agent training includes pre and post- exposure sections that include decontamination procedures. Annual re-certification training is conducted.
<ul> <li>16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: <ul> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using illegal drugs.</li> <li>Possessing illegal drugs except in the authorized performance of official duties.</li> <li>Procedures to be used to ensure compliance.</li> <li>Opportunities available for treatment and/or counseling for drug abuse.</li> <li>Penalties for violation of the policy.</li> </ul> </li> </ul>	Meets Standard	All of the elements required in this component are complied with at this facility.
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	Meets Standard	

PART 7 – 40. STAF	F TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.			
Components	Rating	Remarks (1000 Char Max)	
<ul> <li>18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics.</li> <li>Typical contents are: <ul> <li>Staff, contractors, and volunteers prohibited from:</li> <li>Using their official positions to secure privileges for themselves or others.</li> <li>Engaging in activities that constitute a conflict of interest.</li> <li>Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family.</li> <li>Acceptable behavior in the areas of campaigning, lobbying or political activities.</li> </ul> </li> </ul>	Meets Standard	Facility staff members receive annual ethics and compliance training. It includes signing an acknowledgement of the training which is filed at the facility.	
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	Meets Standard		
<ul> <li>20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: <ul> <li>Recognizing of signs of potential health emergencies and the required responses.</li> <li>Administering first aid and cardiopulmonary resuscitation (CPR).</li> <li>Obtaining emergency medical assistance through the facility plan and its required procedures.</li> <li>Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.</li> <li>The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.</li> </ul> </li> </ul>	Meets Standard	Facility staff annually attend classes in first aid and American Heart Association approved cardiopulmonary resuscitation class. The facility conducts and documents quarterly medical and fire safety drills ensuring response in the required time frame.	

PART 7 – 40. STAFF	F TRAINING (Key: AN)	
This Detention Standard ensures that staff, contractors, and vol that they receive initial and ongoing refresher training.	unteers are competent in t	heir assigned duties by requiring
Components	Rating	Remarks (1000 Char Max)
<ul> <li>21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:</li> <li>Understanding that sexual abuse or assault is never an acceptable consequence of detention.</li> </ul>		Comprehensive sexual abuse
<ul> <li>Recognizing housing or other situations where sexual abuse or assault may occur.</li> </ul>	Meets Standard	training is included in the initial orientation for staff members and annual in-service training. It
<ul> <li>Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences.</li> </ul>		includes the items listed in the component.
<ul> <li>Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.</li> </ul>		
<ul> <li>22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:</li> <li>Identifying the warning signs and symptoms of</li> </ul>		
<ul> <li>impending suicidal behavior,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> </ul>		Comprehensive suicide prevention training is included in
<ul> <li>Responding to suicidal and depressed detainees,</li> </ul>	Meets Standard	the initial orientation and the
<ul> <li>Communication between correctional and health care personnel,</li> </ul>		annual in-service training. It includes the areas described in the component.
Referral procedures,		
<ul> <li>Housing observation and suicide-watch level procedures, and</li> </ul>		
<ul> <li>Follow-up monitoring of detainees who have attempted suicide.</li> </ul>		
<ol> <li>All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.</li> </ol>	Meets Standard	
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	Meets Standard	

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	Rating	Remarks (1000 Char Max)
25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:		
• The requirements of this Detention Standard		
• The use of force continuum		
Communication techniques		Facility staff attands appual
Cultural diversity	Meets Standard	Facility staff attends annual training which includes the subjects contained in this
Dealing with the mentally ill		
Confrontation-avoidance techniques		component.
Approved methods of self-defense		
Force cell-move techniques		
• Communicable diseases, particularly precautions to be taken for use of force		
Application of restraints (progressive and hard)		
Reporting procedures.		
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	Meets Standard	The facility offers a leadership training program named "Skill Soft" that is available for employees seeking higher education.

## PART 7 – 40. STAFF TRAINING – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility maintains a comprehensive training plan that ensures staff are properly trained and competent in their assigned duties. Staff members working at the facility attend 48 hours of initial training from instructors certified as staff trainers. Follow-up training is conducted annually in forty-hour blocks of instruction with specialized training offered for staff wishing to gain additional knowledge. Facility staff reported during the site inspection that the training that was available was useful and was presented by instructors who were enjoyable and capable. Staff training records presented during the inspection were comprehensive with documents supporting training provided.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

**Reviewer Signature (for printed form submission):** 

	PART 7 - 41. TRANSFE	R OF DETAINEES (Key: AO	)
	is Detention Standard ensures that transfers of detainees franaged in regard to notifications, detainee records, safety and	-	
	Components	Rating	Remarks (1000 Char Max)
1.	<ul> <li>When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer.</li> <li>The notification is recorded in the detainee's file</li> <li>When the A-File is not available, notification is noted within ENFORCE.</li> </ul>	Meets Standard	ICE staff notifies the detainee's attorney as required by the Standard and the notification is recorded in the detainee's file.
2.	Notification includes the reason for the transfer and the location of the new facility,	Meets Standard	
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	Meets Standard	The deportation officer is allowed discretion regarding the timing of the transfer notification to ensure staff safety.
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	Meets Standard	
5.	<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer.</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility.</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>	Meets Standard	This component was rated as Does Not Meet during the 2011 inspection because facility policy did not mandate that transfer times and plans would not be discussed with detainees. Facility policy now includes all elements of this component.
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	Meets Standard	
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	Meets Standard	ICE staff completes the G-391 authorizing the removal a detainee from this facility.
8.	<ul> <li>For medical transfers:</li> <li>The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.</li> <li>Medical transfers are coordinated through the local ICE/DRO office.</li> <li>A medical transfer summary is completed and accompanies the detainee.</li> <li>Detainee is issued a minimum of 7 days worth of prescription medications.</li> </ul>	Meets Standard	Immigration Health Service Corps does not provide medical services at this facility. However, if a medical transfer did occur, it would be coordinated through the local ICE/ERO office. The medical transfer summary would be completed and it would accompany the detainee. The detainee would be provided with 7-days worth of medication unless more was indicated.

PART 7 - 41. TRANSFER OF DETAINEES (Key: AO)		
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.		
Components	Rating	Remarks (1000 Char Max)
9. Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	Meets Standard	
10. For medical transfers, transporting officers receive instructions regarding medical issues.	Meets Standard	
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	Meets Standard	The detention files indicated that if the detainee's property was returned to them they would be transferred with the detainee to his or her new location.
12. Transfer and documentary procedures outlined in Section C and D are followed.	Meets Standard	
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	Meets Standard	
14. Meals are provided when transfers occur during normally schedule meal times.	Meets Standard	
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub-office.	Meets Standard	
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	Meets Standard	Normally, the A-file is transferred with the detainee. However, if the file is not transferred with the detainee, the A-file is forwarded via overnight mail.

#### PART 7 - 41. TRANSFER OF DETAINEES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

**Overall Remarks:** (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

According to a review of the policies and interviews with facility and ICE staff, detainees receive the appropriate notification form and their property is transferred with them. The documentation regarding verification that their property and funds were transferred with them was observed in the detention files. The facility policy and ICE policy state that the exact date and time of the transfer will not be discussed with the detainee. If for some reason the A-file does not accompany the detainee, it is either driven to the receiving facility or it is overnight mailed. The facility policy, as well as interviews with ICE and facility staff, indicated that the elements required by the Standard for detainee transfers are complied with.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 7/12/2012

**Reviewer Signature (for printed form submission):** 

# **DOCUMENT CHECK**

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

The check will take several minutes to complete, during which the screen will flash.

Review Document	Issue Summary	Ratings Check	Status		
Check Document:	Run Check	Error(s) Found:	0	Items Not Rated:	0
Errors:					
Items Not Rated:					

#### A. Type of Facility Reviewed

ICE Service Processing Center	
ICE Contract Detention Facility	

<b>ICE Intergovernmental</b>	Service	Agreement
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#### **B.** Current Inspection

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Type of Inspection	
Field Office HQ Inspection	
Date[s] of Facility Review	
7/10/2012 through 7/12/2012	

#### C. Previous/Most Recent Facility Review

Date[s] of Last Facility 7/12/2011 through 7/14	
Previous Rating Meets Standards	Does Not Meet Standards

## D. Name and Location of Facility

Name
North Georgia Detention Center
Address (Street and Name)
622 Main Street
City, State and Zip Code
Gainesville, Georgia 30501
County
Hall
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
(b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Telephone # (Include Area Code)
(770) <b>5</b> (6), (b)(7)(c)
Field Office / Sub-Office (List Office with oversight
responsibilities)
Atlanta Field Office
Distance from Field Office
45 miles

## E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b) (6), (b) (7) (cJ.CI / Nakamoto Group Name of Team Member / Title / Duty Location (b) (6), (b) (7) (c) Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location (b) (6), (b) (7) (c) Safety-Food Service SME / Nakamoto Group Name of Team Member / Title / Duty Location (b) (6), (b) (7) (c) Security SME / Nakamoto Group Name of Team Member / Title / Duty Location (b) (6), (b) (7) (c) Security SME / Nakamoto Group Name of Team Member / Title / Duty Location (b) (6), (b) (7) (c) Security SME / Nakamoto Group Name of Team Member / Title / Duty Location / /

## F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA
DROIGA-09-0006	March 5, 2009
Basic Rates per Man-Day	
\$83.42	
Other Charges: (If None, Indic	ate N/A)
Transportation Service @ \$2.7	3 per mile; ; ;

Estimated Man-days Per Year 109,500

# G. Accreditation Certificates

List all State or National Accreditation[s] received:
American Correctional Association
Check box if facility has no accreditation[s]

#### H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
Court Order Class Action Order
The Facility has Significant Litigation Pending
Major Litigation Life/Safety Issues
Check if None.

# I. Facility History

Date Built	
1983	
Date Last Remodeled	or Upgraded
July 2009	
Date New Constructio	n / Bedspace Added
N/A	-
Future Construction P	lanned
Yes No Date:	
Current Bedspace	Future Bedspace (# New Beds only)
502	Number: Date:

#### J. Total Facility Population

Total Facility Intake for previous 12 months	
7,788	
Total ICE Mandays for Previous 12 months	
124,558	

## K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

## L. Facility Capacity

	Rated	Operational	Emergency	
Adult Male	454	454		
Adult Female	48	48		
<b>Facility holds Juveniles Offenders 16 and older as Adults</b>				

#### M. Average Daily Population

	ICE	USMS	Other
Adult Male	321		
Adult Female	40		

Support:

## N. Facility Staffing Level

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(b)(7)(e)

# Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Sexual-0 Physical-1	Sexual-0 Physical-4	Sexual-0 Physical-7	Sexual-0 Physical-5
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	1	4	7	5
Assault:	Types (Sexual Physical, etc.)	Sexual-0 Physical-0	Sexual-0 Physical-0	Sexual-0 Physical-1	Sexual-0 Physical-0
Detainee on Staff	With Weapon	0	0	1	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	M=0, V=0, O=0	M=0, V=0, O=0	M=0, V=0, O=0	M=0, V=0, O=0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	1	3	5	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	22	33	12	18
	# Psychiatric Cases referred for Outside Care	0	0	0	0

<sup>&</sup>lt;sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders Oral analor vaginal penetration or attempted penetration involving at least 2 parties with

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Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Routine transportation of detainees/offenders is not considered "forced"

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

	DHS/ICE Detention Standards Review Summary Report				
1. I	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PA	RT 1 SAFETY				
1	Emergency Plans				
2	Environmental Health and Safety				
3	Transportation (By Land)	$\boxtimes$			
PA	RT 2 SECURITY				
4	Admission and Release				
5	Classification System	$\boxtimes$			
6	Contraband	$\square$			
7	Facility Security and Control				
8	Funds and Personal Property	$\boxtimes$			
9	Hold Rooms in Detention Facilities	$\square$			
10	Key and Lock Control	$\square$			
11	Population Counts	$\boxtimes$			
12	Post Orders	$\boxtimes$			
13	Searches of Detainees				
14	Sexual Abuse and Assault Prevention and Intervention				
15	Special Management Units	$\boxtimes$			
16	Staff-Detainee Communication				
17	Tool Control	$\boxtimes$			
18	Use of Force and Restraints	$\boxtimes$			
	RT 3 ORDER				
19	Disciplinary System				
	RT 4 CARE				
20	Food Service				
21	Hunger Strikes	$\boxtimes$			
22	Medical Care	$\boxtimes$			
23	Personal Hygiene				
24	Suicide Prevention and Intervention	$\boxtimes$			
25	Terminal Illness, Advance Directives, and Death	$\boxtimes$			
PA	RT 5 ACTIVITIES		1		
26	Correspondence and Other Mail				
	Escorted Trips for Non-Medical Emergencies				$\boxtimes$
28	Marriage Requests	$\boxtimes$			
29	Recreation	$\boxtimes$			
30	Religious Practices				
31	Telephone Access				
32	Visitation				
33	Voluntary Work Program				
	RT 6 JUSTICE				
34	Detainee Handbook				
35	Grievance System				$ \neg  $
36					
37	Legal Rights Group Presentations				
	RT 7 ADMINISTRATION & MANAGEMENT				
38					
39	News Media Interviews and Tours	$\boxtimes$			
40	Staff Training				
41	Transfer of Detainees				
<u> </u>					

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#### LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	July 12, 2012

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) Medical SME, The Nakamoto Group, Inc.	(b)(6), (b)(7)(c) Food and Safety SME, The Nakamoto Group Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) Security SME, The Nakamoto Group, Inc.	

**Recommended Rating:** 

⊠ Meets Standards □ Does Not Meet Standards

Comments: This facility houses only ICE male and female detainees. It does not house any other type of detainees. The North Georgia Detention Center has a perimeter fence that encompasses the facility housing ICE detainees and an ICE building where the ICE staff, who provide services to the ICE detainee population at this facility, have their offices.

The facility reported that there were four (4) male on male detainee sexual assault allegations. The four (4) allegations were made by the same male detainee and all four allegations were investigated. Two (2) of the allegations were unsubtantiated and two of the allegations were unfounded after the facility investigator and local law enforcement reviewed the video tapes of the alleged incidents and determined that nothing had happened. Therefore, the facility did not consider the allegations as incidents that needed to be reported.

The one staff assault occurred when a female detainee who was housed in segregation, in her cell, reached through the cuff-port and shoved the portable telephone, which was just outside her cell door. The telephone fell on the officer's foot, breaking his toes. The detainee is currently in the local jail awaiting trial for assault with a weapon.

The detainees interviewed indicated that they were treated well by facility staff and they stated that they had good access to medical care. The male detainees stated that the food was good and that the portions were adequate. The female detainees interviewed stated that they were treated well by facility staff.

This facility does not use (b)(7)e or Canines on detainees and does not charge detainees a medical co-pay.